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# JOURNAL OF ORIFICIAL SURGERY. CHICAGO.

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## SOMETHING ABOUT ABSCESES.\*

In our impetuosity after what we consider necessary to our success and happiness are we not liable to forget to be adequately grateful to the multitudes of searchers after truth who have enriched us with the inheritance of their labors, thereby making it possible for us to acquire the knowledge upon which our satisfaction in professional life must ever depend? If there were a Westminster Abbey consecrated to the memory of medical men who by the results of painful and self-sacrificing labor have placed all subsequent generations of men under everlasting obligations to their memory, every inch in the great memorial hall could be filled with candidates whose names were worthy of immortal recognition. Think of our vast storehouses of medical knowledge, the anatomies, physiologies, chemistries, *materia medicas*, works of practice, the surgeries, the countless volumes indeed upon every subject connected with the practice of medicine to which we have free access, and think of the earnest, honest, self-sacrificing labor which they stand for, to say nothing of the traditional knowledge and usages which have been passed down from one generation of doctors to another, irrespective of printed volumes. But while the memory of our medical benefactors is all sacred, for each has played his part as best he could, there are some of the noble dead who are especially conspicuous because of the broad, practical, everyday use which is made of the truths which it was their especial privilege to disclose for the benefit of those of us who came after.

These illustrious names do not all concern us in the consideration of the subject of abscesses, but some of them do, and hence this brief tribute to their memory. The men who invented and perfected the microscope, and the men who by the aid of the instrument discovered

\* Read before the Illinois Homeopathic Association at the Palmer House, Chicago, May 10, 1899.

bacteria, and who demonstrated and developed the connection between bacteria and pathology, evolving the germ theory of disease, are worthy candidates for our veneration and gratitude. Some of these distinguished men still live, but their right to immortal remembrance is already earned. Of course, our tributes are due to the inventors of surgical instruments and all our various surgical appliances, to our great anatomists, physiologists, diagnosticians and *materia medica* men, indeed, to all whose labors have been necessary to a clear understanding and successful treatment of pus cavities; but our last, best, and most practical knowledge of this subject has come from the labors of those who have experimented and studied in the microscopical world and bequeathed to us the practical advantage of what they have accomplished. Of course, much yet remains to be done, but the work is now well outlined, and the first step in the right direction has been taken by the explorers in this branch of medical knowledge, so that we owe to them the comforting sense of satisfaction and security which we begin to feel from the fact that the mysteries of abscesses have at last been solved and their successful treatment has been rendered possible.

Abscesses in various types have been formidable and distressing afflictions of humanity ever since man took on the garments of flesh, and although there is much yet to be learned concerning them, we of the present time are so much better able to deal with them than the generations of medical men who have preceded us that it is meet for us in considering them to pay a proper tribute of respect to the memory of those who have been instrumental in helping us to the valuable knowledge of which we stood in such sore need. Let us thank von Leeuwenhoeck and Abbe and others for the perfection and practical use of the microscope; let us thank Henle, Tyndall, Davaine, Schwann, and many other worthy ones, too numerous to mention, for their labors in bacteriology; let us thank Pasteur, Lister, Koch, and all others, dead and living, who have aided and are still aiding in the great work of furnishing us with a rational pathology, that we may have a scientific basis for the proper study of curative measures.

To conquer any enemy it is essential first to acquaint ourselves with his nature and characteristics. Pus is such an enemy, and the great disadvantage which mere prescribers have labored under heretofore has been their ignorance of just what they were prescribing for; and now that this obstacle is removed the students of medicine can hope for greater success in dealing with the great foe to physical life whose common name is blood poisoning.

Blood poisoning and abscesses are by no means synonymous terms, but the question of the proper and successful treatment of abscesses involves a knowledge of the prevention and cure of blood poisoning

which has practically resolved itself of late years into a study of bacteria and their toxins. To be sure, a knowledge of the nature of the disease by no means implies a knowledge of its means of cure. But diagnosis is surely the scientific basis for successful treatment in any disease, and in none more so than in that of abscesses.

Bacteria, like plants, are most of them harmless, while a few of them are dangerous enemies. These minute organizations, while they are short-lived as individuals, when conditions are favorable for their development multiply with such marvelous rapidity that the deadly types of them quickly accomplish their work of destruction if permitted to do so. Mark you, if the conditions for their development are favorable. And herein lies a great fact which should never be lost sight of. Bacteria of all types demand six conditions for their development, namely: Pabulum, the right temperature, moisture, gaseous and chemical environment, and susceptibility. If any one of these six conditions is absent bacteria will not develop. If the conditions have all been favorable and the propagation of the bacteria has been inaugurated, by removing any one of these conditions the bacteria will sporify and their propagation will at once cease. The study of these conditions, therefore, and how to control them, is one of the important considerations in the treatment of abscesses.

All abscesses are by no means cesspools of poison or sources of bacteriological infection. But all abscesses may become so, for if they do not contain the bacteria themselves they are replete with their pabulum, and all required, provided the other conditions for their development are present, is inoculation. Inoculation of abscesses, even if sterile, is a simple matter, with the staphylococcus epidermidis albus and other of the pyogenic bacteria (almost omnipresent, so frequently found) upon the surface of the integument that the mere opening of a sterile abscess, when aseptic precautions are ignored, may afford these poisonous germs the opportunity for which they seem to lie in wait, of transforming harmless debris into a poisonous solution.

All abscesses, be they acute or chronic, infected or sterile, are circumscribed areas of debris, either infected or capable of infection, and the province of the surgeon is to rid the body of this debris wherever it is located without subjecting the patient to the danger of local, and, through this, general infection. Sometimes they are tubercular cesspools, sometimes they result from bruises, and sometimes they are catch-basins of inflammatory products from other causes. In all cases they are walled in by a defensive zone of organized lymph, which the white blood corpuscles have thrown up as breastworks against escape of the debris or the invasion of other substances.

Whenever it is possible to remove the entire pus sac and its contents

without rupturing it, of course the procedure is a desirable one. But where the abscess results from the destruction and disintegration of bone or the ulceration of the soft parts so deeply situated as to render its complete extermination impossible, the correct procedure is to first treat the abscess as such, and later on, if necessary, to struggle with its cause. It is common practice in the so-called cold abscesses resulting from bone affection, and which are also frequently innocent of the presence of the staphylococcus pyogenes aureus, streptococcus pyogenes, or any other virulent type of bacteria, not merely to evacuate the abscess, but to attempt at the same sitting to curette or by other process to cut away the diseased bone, with the idea of not only relieving the patient of the abscess, but also of removing its cause. Not only is this so of the comparatively innocent cold abscesses, but, unfortunately, the reprehensible practice of dealing with acute abscesses resulting from ulcerations of the soft parts after the same manner is also common. The results of such extensive operative interference are so disastrous as to have been the occasion of the present paper.

Where appendicitis, for instance, has passed to the suppurative stage, and a large bag of pus is located in the right iliac fossa, the surgical mistake is too frequently made of not merely opening the abscess, but of proceeding still further at the same sitting and effecting the removal of the offending appendix. In large pelvic abscesses of women, resulting from diseased ovaries, tubes, or uterine diseases, the same mistake is sometimes made, although not so frequently. In the pelvis, when a large sac of pus was encountered, the removal of an ovary, tube, or uterus, as the case may be, has been attended with such fatal results that gynecologists have learned the wisdom of treating large abscesses in this locality as such and merely evacuating their contents, cleansing them, and draining them at the most convenient point, leaving the otherwise diseased organs unmolested, at least until the abscess as such has been eradicated. Of course, I am not speaking of small pus sacs, which can be readily dissected out without rupture, but of the larger accumulations whose complete dissection is impossible.

The lesson which gynecologists have thus learned through bitter experience, it seems to me, should be taken advantage of in the treatment of all pretentious abscesses wherever located when they involve the same surgical principles. The operation for appendicitis, although always sufficiently serious to demand the exhibition of the greatest care, circumspection, and skillful surgical technique, should be and is a comparatively safe operation if the proper conditions are secured before the operation is undertaken. To attempt the removal of the appendix when it lies at the bottom of a large abscess cavity is so formidable a surgical procedure as to be too frequently fatal. In such cases the zone

of defense formed by organized inflammatory products has not only walled off the general peritoneal cavity, but has also covered the appendix and lower end of the cecum with the same defensive material. The mere evacuation of the abscess could not disturb this abscess boundary, and in merely evacuating it the only danger of infection would lie in the external wound, which is sufficiently accessible to admit of successful protection against infection. It can be douched, sponged and medicated as thoroughly and as frequently as necessary. But if the deep part of the protective zone be broken, as would be necessitated by the removal of the appendix, especially if from the manipulation of the parts one or more small openings were made through it into the general peritoneal cavity, avenues of infection are thus opened which are inaccessible to the surgeon, and are only too liable to be fatal to the patient. In all such cases the abscess should be treated as an abscess, all efforts being directed toward securing the evacuation of the pus and the thorough cleansing and draining of the pus cavity, and no attempt being made either to explore the cavity or to molest in any way the deeper parts. In a short time the pus cavity will be reduced to a mere fistulous tract, which, if it does not close in due time by natural efforts, can later on be successfully dissected away and the cure effected by proper surgical interference.

I desire to enter the same plea for the chronic or cold abscesses associated so frequently with caries of the spine or extremities. In all large accumulations of pus the first effort of the surgeon should be its evacuation, reducing the pus sac to a fistulous tract, regardless of the location and condition of the disintegrating tissue which first gave rise to the abscess. A subsequent operation may be necessary for the removal of the cause of the abscess, but the proper time to accomplish this is not in the presence of large accumulations of pus, be they sterile or infected. Whenever the presence of pus is detected it should be evacuated if possible by the shortest and most natural route of exit. The cavity should be thoroughly cleansed, properly medicated, and drained. No further surgical interference under any circumstances is called for. Abscesses should always be treated as abscesses, and only later on, when they become sinuses and refuse to be healed without further assistance, is a radical surgical procedure in any case justifiable.

These suggestions, if universally followed out in practice, will materially lessen surgical responsibility and decrease the general mortality of surgical practice with this class of cases.

E. H. PRATT, M.D.



## THE IMPORTANCE OF AFTER-TREATMENT IN OPERATED CASES.\*

C. E. SAWYER, M.D.

MARION, O.



The real test of a surgeon's skill does not by any means lie wholly in the doing of operations, but as well in the proper meeting of complications which are liable to follow. All questions propounded for a surgeon's solution are momentous both to himself and to his clients, for, although the operation which he is called upon to do may be slight in its nature and comparatively easy of execution, it may entail most disastrous results, because of a lack of proper after-treatment.

Many a surgical operation which, in the language of one of my colleagues, has been "most beautifully performed," terminates in a death certificate because the probabilities have not been anticipated or because the after-treatment has not been properly directed.

Theoretically anyone may become a surgeon so far as operative work is concerned, for with a good knowledge of anatomy, a steady hand and good assistants, anyone can do the necessary cutting, but everyone is not able to cope with the numerous exigencies that may arise, except as he is fitted by natural endowment to foresee consequences.

To meet all that is demanded of the surgeon, he must be unprejudiced in his opinions, either by affiliation of party or by personal ambition. To succeed he should be earnest, honest and conscientious in everything pertaining to his profession, whether that deal with the operation to be performed or the after-treatment to be administered, for upon each depends much; therefore, in all surgical cases it is the surgeon's duty not only to consider all of the possibilities of outcome in the advice given, all of the dangers which may arise during the operation, but as well with all of the questions of after-treatment, for his duty does not cease until everything affecting the case directly or indirectly has been taken under advisement.

\* Read before Ohio State Homeopathic Medical Society, May, 1899.

One of the great shortcomings of medical training in our colleges is along this very line. Every student has the opportunity of witnessing numerous operations, but entirely too few of them have the privilege of watching the case in its various steps of after-treatment and of following it to its final results. This is not as it should be, for in the majority of cases it is in the after details, minor though they be, that lies the success of a large number of operated cases, and without proper experience in these particulars much danger, both to the surgeon's reputation and to the patient's life, may come.

The turning of the scale either for or against the results of an operation depends so largely upon a knowledge of after-treatment principles that it is the bounden duty of our colleges to spend more time in qualifying students for this part of their surgical experience, and it is our duty as general surgeons to give more attention to this matter.

Students who see many major operations skillfully performed are still very incapable of assuming the responsibilities of surgical practice, because they have not been thoroughly grounded in the principles of after-treatment. Leaving the operating room and the patient immediately after the operation has been completed, they have a very slight appreciation indeed of the emergencies that are having to be met to save the life of the patient who so bravely withstood the cutting part of the operation. They do not know of the anxiety of the attending surgeon and the necessity of much resource on his part to meet the demands of the case in the matter of after-treatment. Oftentimes, even before time has been given for the cleaning up of instruments, there are demands so urgent as regards after-treatment that but for a proper understanding of their importance and a knowledge of how to meet them, both the life of the patient and the surgeon's reputation are placed in jeopardy.

Some of my personal observations in this regard are given to illustrate the point. Not long since I had the privilege of being present at one of our leading college clinics. The case presenting was one of abdominal section for the removal of a large fibroid tumor. All of the conditions of the patient were such as to warrant a favorable prognosis. Every preparation had been thoroughly made, every step of the operation carefully performed, and, up to the time of placing the patient in bed, no untoward symptoms had presented; in fact, as the subject was wheeled out of the amphitheater, everybody present was congratulating the operator upon his great success in the work. While he was yet in conversation with some of the students, a nurse came hurriedly forward conveying a message which, from the expression on the surgeon's countenance, at once bespoke the occurrence of some complication which must be met promptly.

Following hurriedly along to the patient's room, all the appearances showed at once a grave condition. The face was pale and pinched, the pulse was imperceptible, and breathing apparently stopped. What was to be done? Who was to do it? These were questions soon answered, for the master hand that had guided the bark so safely through the operation was already employing his numerous resources of after-treatment. The patient's head was being lowered, the feet elevated, a saline solution was quickly prepared and injected into the thigh, artificial respiration was carefully performed, and in a short time the storm which had so threatened the patient's life was abating, much to the relief of all concerned. Again the prospects for recovery seemed favorable. A few hours later it was learned that the urine was suppressed, and symptoms of acute nephritis were presenting. These, like preceding conditions, were early recognized and combated. Scarcely had this condition subsided until an elevated temperature, a quickened pulse and abdominal tympanitis bespoke another complication in the form of septicemia.

Again the scenes were shifted and another plan of after-treatment adopted, which, through careful nursing and the untiring watchfulness of the surgeon, finally made possible the reappearance of the convalescent patient before the same class of students that had witnessed the operation. Little, however, did this class know of how small a part in the case was the operation itself, for none of them had witnessed the scenes which had followed the operation, in consequence of which they were not, as I believe, made as competent as they should have been had they been privileged to witness the after-treatment in its various details, and without the knowledge of which they surely were not capable of meeting similar emergencies in cases of their own. It may be said by some that this was an exceptional case and of rare occurrence, but the completed history of many of our surgical cases shows the demands of after-treatment to be as urgent as in the one cited. This, too, not only in major operations, but in minor ones as well, as the following case goes to show.

A short time since a child was brought under my observation who a few weeks before had been circumcised. The operation, so far as all appearances went, had been perfectly done, but with the excision had seemed to cease the surgeon's responsibility. The case was turned over to the parents without an understanding on their part of the necessity of keeping the parts clean and properly retracted. A month after the operation was performed, and after the parents had condemned time and again both the surgeon and the operation, this condition of the parts presented: The foreskin, which had been allowed to remain forward over the glans, had in uniting left a hard, thoroughly

organized, cicatricial ring, so small as to entirely preclude the passage of the glans. From the part was discharging an offensive, purulent matter, the whole of the organ being swollen. Retraction under an anesthetic showed the foreskin closely adherent to the glans. From the undue pressure and retained smegma there was an ulcer, semilunar in shape, extending half way around the corona. From the pent-up discharge there had been some absorption and the patient was suffering the consequences of infection, while the condition for which the operation was done, had been greatly aggravated. As the sequel shows, if this child had received proper after-treatment, I believe you will all agree, these consequences need not have followed, for as soon as the parts were kept in a retracted position and were carefully looked after, the evil consequences of the former operation were not only overcome, but the reflex conditions for the relief of which the operation was performed immediately subsided.

Thus far we have been dealing with after-treatment principles connected with the operation and immediately following it. To quit here would be to fail in the purpose of this paper, for experience teaches there are many other important matters in the after-treatment which should be more thoroughly understood and more carefully followed.

Surgeons often experience the chagrin of defeat in cases which ordinarily promise much. This is the result of oversight in correcting conditions which prevent a favorable termination of the case. Usually as soon as an operative case is up and about the patient is dismissed from the hospital, not infrequently before convalescence is fully established, too often to return to environments that are unfavorable to healthful development because of which there is a retardation in the processes of nature which are very essential to the recouping of strength and vigor. In most surgical cases the inroads on the general vitality consequent upon the disease and the operation have been very great, the system has become very much depleted. To bring about a favorable termination in such a case means more than to simply trust to the effects of the operation. It means in many cases to break up unfavorable habits that have formed during the invalidic state. It means to improve the processes of general nutrition by improving the quality of the blood and equalizing its circulation. It means also to look well to the habits of life and modes of living without which the best results are not attainable.

In this connection, therefore, our duty in after-treatment has to do with the correction of these unfavorable habits. Many times from constant suffering the patient has become habituated to the use of opiates, narcotics or other pain relieving drugs. To continue the use of these after an operation means to prevent a complete recovery, and as

it is not possible in most cases to quit their use easily and without help, it is the surgeon's duty to direct and supervise the course of pursuance, whereby this obstacle to the return to health may be overcome. In most cases the processes of digestion have been seriously interfered with and there is no little trouble resulting from disturbed alimentation, and here is another field for great improvement in after-treatment. To correct disturbances of this character it is necessary to look well to dietetics, overcoming irregularities in eating and supplying such material as is necessary to meet the demands of the case. In some cases this presents a great many perplexing questions, but as so much importance is attached to the solution of the problem, it is well worth the effort it costs.

Again we find cases that from long confinement and forced positions assumed have lost the natural power or control of some part of the body. These conditions are overcome by the employment of hydro-pathic or electro-pathic measures, and will not yield to other means. To fail to appreciate the value of these methods is to fall short of the desideratum.

The realm of surgery is an ever widening one, the numerous demands of which are only met by the greatest complement of practical means, not alone during the operation, but also as well in all matters of after-treatment.

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## NEURASTHENIA.

FRANCIS A. SMITH, M.D.

ZANESVILLE, O.



Neurasthenia is known to be a deficiency in the amount of nerve force necessary for a healthy organism. It is therefore nerve exhaustion, and should be distinguished from those troubles in which the proper amount of nerve power exists, but in which an unequal distribution of the same occurs.

The symptoms and manifestations of neurasthenia are as varied as are the idiosyncrasies of individuals and the irritation of the nerve terminals involved. There is despondency, insomnia, heart palpitation, neuralgia, spasmodic action of muscles, indigestion, constipation, variable pulse, dilatation of pupils of the eyes,

fear of insanity, backache, headache, salivation, vertigo, irregularity of the menses in women and innumerable other symptoms.

The causes of neurasthenia may be placed in two general primary classes: Physical and mental.

The influence of climate, personal habits, occupation, the environments and surroundings of individuals, mental suggestion of fear and despondency are well known and need not here be discussed. Suffice it to say that any and all causes, whether physical or mental, which produce an impoverished and unequalized circulation of the blood will end, if not promptly arrested, in neurasthenia or nerve exhaustion. The healthfulness of the body and the normal equilibrium of mental and physical forces depends primarily upon the capillary circulation of the blood. This stream of life carries with it every element of nutrition for the cellular life of the body and also removes the waste particles and destructive material. It will therefore be observed that good capillary circulation means nerve force, and its absence, or in other words blood stasis, means neurasthenia, with all its attendant evils and mental horrors.

The successful treatment of neurasthenia, therefore, depends upon the restoration of a physiological circulation of the blood, for upon this rests the production and proper distribution of nerve force to the body.

But how shall this be accomplished? By the removal of the sources of irritation which have been productive of the pathological condition. The causes, as before observed, may be primarily physical or mental, and upon the proper diagnosis of the productive agency of the trouble depends the amount of success attained in the treatment.

Man is dual in his nature and dual in his make up, and the agencies of his depression and the agencies of his restoration are likewise dual.

It is not here assumed and the writer does not wish to be understood as holding to the belief that because nerve waste is primarily physical or mental that either may not form an important secondary factor in destructive energy later on. For this reason the successful treatment of the nervous system usually requires both mental and physical direction. While it is true that the unrest that pervades the world at this time in all directions, the presence of want and poverty, the fear of to-morrow and what it may bring, unhappy domestic relations and other similar causes are sapping away the lives of thousands throughout this country, yet the writer is of the opinion that neurasthenia is generally caused from physical sources primarily, and most of these have their origin in rectal and sexual disorders and are therefore reflex. In support of this theory I may be pardoned for referring to the following cases from my own experience:

Case 1.—Mrs. P., blonde, aet. 30, suffers from pelvic neuralgia,

which is violent in character, occurs frequently, and is of hours' duration; menstruation irregular and painful. Is thin in flesh, anemic, constipated, and very nervous. She states that she has been in her present condition for ten years or more. Has been under the treatment of several physicians and received all sorts of medication, with no relief. Profiting by the experience of others, I did not attempt any of the usual therapeutic measures, but induced her to submit to an examination. The position of the uterus was found to be normal, but that organ and surrounding parts were highly congested. The os uteri was found to be so small as to scarcely be called an opening.

With much reluctance she consented to operative measures, and some two weeks later was placed under an anæsthetic and forcible dilatation given; the uterus was curetted and then packed with carbolized gauze, which was allowed to remain forty-eight hours. Result: Disappearance of the neuralgia and nervousness; gain in strength and flesh, restoration of normal menstruation and uninterrupted recovery.

Case 2.—Mrs. N., widow, aet. 40, brunette; has suffered from extreme nervousness for years, can't sleep, appetite variable, little pain except at menstrual period, temperature generally subnormal and pulse weak; mental hallucinations frequent. Examination revealed a retroflexed uterus and an enlarged and prolapsed ovary. As this lady declined all surgical measures, I administered medicine as appropriately to her condition as I could. She also received baths, massage, electricity, etc. At times she seemed to be better, but did not continue so long. She finally became confined to her bed, and her nervousness gradually grew worse, and she despondent. She then consented to operative measures in a private sanatorium, and was removed to Columbus, Ohio, and was operated upon by Dr. M. P. Hunt at his hospital, assisted by Dr. Carpenter and myself. A laparotomy was decided upon, and the abdomen opened; the diseased ovary was removed, which was found to contain many cysts, and ventro-fixation of the uterus was performed and the abdomen closed. She remained at the sanatorium four weeks, and then returned to her home in a much improved condition. Some six months afterward she grew nervous again and very much constipated. Medicine and electricity, as before, failed to relieve. I then dilated the rectum every other day for two weeks with a Pratt speculum, which completely removed both conditions. It has now been nearly two years since the radical treatment just described. Her general health has gradually improved, her nervousness is practically gone, despondency has disappeared, and she presents a condition of health superior to what it has been in many years.

The cases above described, illustrative of nervous waste, the causes

of the same, and the methods of removal, are the experience of thousands of physicians throughout this country.

It is no disparagement of intelligent medication and its many adjuncts to assert the opinion that in most cases of neurasthenia, a diseased condition of the lower orifices of the body will be found to exist, thus in a great degree cutting off the supply of the forces of life and the elements of nutrition, the complete removal of which is imperative and corrective.

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REPORT OF CLINICAL CASES OPERATED UPON AT  
THE SURF SANATORIUM ON MUNCIE ISLAND IN  
JULY, 1898. PRESENT WRITING, JUNE, 1899.

EDWARD H. MUNCIE, M.D.

BROOKLYN.

The histories of the following cases were given in the July and August numbers of the JOURNAL OF ORIFICIAL SURGERY:

Case 1.—Miss I., age 61.

Diagnosis: Fibroid tumor of uterus. Headaches and pelvic pains.

Operation: Hysterectomy.

Patient has made an excellent recovery. She has needed no medical advice since the operation.

Case 2.—Mr. R., age 19.

Diagnosis: General debility.

Operation: Slit meatus; dilatation of urethra; circumcision, removal of pockets and papillæ from the rectum.

Mr. R. considers himself cured. He has required no treatment during the year.

Case 3.—Mr. G.

Diagnosis: Nervous prostration and constipation.

Operation: Dilatation of foreskin and urethra, varicocele removed and portion of the scrotum amputated. Upon the rectum the slit operation was performed.

About five months ago this patient reported favorably. Has not been heard from since.

Case 4.—Miss B., age 60.

Diagnosis: Malignant growths of the rectum.

Operation: First of all the hood of the clitoris was loosened and the uterus dilated and curetted. In attacking the rectal condition for the removal of the growths a knife was entered at the coccyx and passed into the bowel just above the lower growth; it was then forced downward so as to completely sever the tissues posterior to the anus, as far as the coccyx, making a large, gaping wound, through which the lower



tumor could be very readily brought into view. To still better expose the part, however, the perineum was also severed, after which the eversion of the gut was a practically simple matter. The margins of the wound were held apart by means of T-forceps placed at the lateral margins of the anus. Other T-forceps were then applied higher up the intestine, above the lower tumor, and by gentle traction the gut was invaginated until the upper tumor appeared fairly in the field of operation. The pedicle of this tumor was then seized by two pairs of T-forceps and its base excised, the incision passing through all the coats of the intestine and into the peritoneal cavity. This upper wound was then carefully stitched together, first the peritoneum and afterward the coats of the intestine, by means of interrupted catgut sutures. The coaptation of the wound was accomplished in the axis of the intestine to avoid narrowing its calibre. The lower tumor was then removed in a similar manner, and after the mucous membrane was reunited over the denuded surface of the wounds in front and behind the anus, the one extending as far as the coccyx and the other through the perineum, they were closed by catgut sutures, one stay suture of silk being employed both in front and behind. In stitching these latter wounds care was taken to pass the threads through the sphincter muscles, so that their integrity need not be disturbed.

The patient was in good condition at the close of the operation.

Miss B. left the Sanatorium during the last week in August. The posterior incision was entirely closed, so that she had control of the bowel. Her general health and strength were greatly improved. Upon digital examination a small scar could be faintly distinguished. She was, therefore, advised to make semi-monthly visits to her physician, Dr. Lane, of Poughkeepsie, that he might carefully watch her case. She was also directed to continue the slippery elm treatment. During January there was discovered a return of the malignant condition about the scars, and she was advised to come to the City Sanatorium. She was placed under an anesthetic, and there was discovered a papillomatous condition involving the posterior portion of the rectum for about one inch and the anterior portion of the rectum, as when operated on in July, and above the sigmoid sphincter was a mass of same size and character as that previously removed from rectum, and freely movable. We were able to draw the intestine down and remove all of the apparently diseased tissue by placing sutures through the gut and as far beyond the diseased mass as possible. These sutures were used as guy ropes until the diseased parts were cut away, making a longitudinal incision close to the guy ropes. A chromic catgut continuous suture was now employed to perfectly coapt the edges of the intestinal wound, after which the guy rope interrupted sutures were secured as stay

stitches. Healing by first intention resulted, and, when the patient was dismissed, six weeks later, there could no scar be felt, and there was no apparent narrowing of the lumen of the rectum or sigmoid, and the bowels were moving with regularity.

The patient expresses gratitude, and reports marked improvement and relief.

Case 5.—Miss E., age 24.

Diagnosis: Neurasthenia, adherent prepuce, hypertrophied labia minora, retroversion, papillæ and pockets in rectum.

Operation: Dilatation, curetting and packing; amputation of hymen and labia; slit and loosened hood; slit work on rectum.

The present condition of this patient can best be explained by telling what she can do without any apparent over-taxation. She teaches a class of boys in a city public school. She has had charge of a mission out of the city, where she has conducted the meeting one or two nights out of each week, makes from five to twenty calls upon the mission people Saturdays, and conducts services on Sunday, even to the preaching. When reading this the members of the class will recall how Dr. Pratt described the young woman's character by her tissues. So interesting and instructive will be the full details of this case, that we venture to give it again for the benefit of those who may not have the JOURNAL of July, 1898. The history of this case was not read until after Dr. Pratt's remarks had been made.

Previous family and personal history: Family history is good; she was a very healthy child; at fifteen began teaching school; six months later she began to menstruate. The flow was scanty and irregular, at one time lapsing for six months; for the last three years more regular, but the flow is of a brownish color. For the last five years she has suffered with pain and tenderness in the lumbar region; the second lumbar vertebra is sensitive and protruding; she is ambitious, but is always conscious of so much general weakness and weariness that every action is an effort. From her childhood there has been a constant irritation of the clitoris, at times making life a burden to her, and hampering her ambition in the pursuing of evangelistic work. She is a strong character.

Pelvic conditions: Adherent prepuce; hypertrophy labia minora; hymen mounted by small papillæ; retroversion; vagina rough; five papillæ and five pockets in rectum.

"Upon inspection the large size of the labia minora and the hood of the clitoris, together with the healthful color of the parts, indicate superb nutrition, point to unlimited energy. This must be a woman of great power. She can accomplish anything she undertakes, and whatever she does is done with great determination and energy. At the

same time, she is as sensitive as a child. Nothing escapes her observation, and she is easily pleased or injured. The morbid sensitiveness and fineness of her nature are indicated by the tooth-like projections along the margin of the hymen, which are exceedingly fine and sensitive. So while she has the power of an organizer and campaigner, a successful schemer, she at the same time possesses wonderful powers of observation and nothing escapes her notice. It is rare to find these opposite qualities in a single individual, and when they occur they mark a phenomenal nature. These people are either away up or away down. They belong to the inspirational type of human nature and frequently see visions. This woman could be a Jeanne d'Arc. At the same time she could be a seamstress, and if she had a choice of work it would be of the finer type of sewing. She could head a seminary of learning, or could give lessons in a most successful manner to a single pupil. Her nature is more or less tempest-tossed, as is evidenced by the physical conditions under observation, and she is at the present time wasting much of her power, in one direction in too ambitious dreams, and in the other in fretful particulars of every-day life. By orificial work we can remove her temptations, and restore her to her proper balance of mind and body, and when she finds the proper scope for her powers she should achieve greatness in any direction in which her ambitions direct her."

These observations upon the character of the case were made without other knowledge than was obtained from tissue reading, but they were afterward completely verified in every particular by those who knew her personally. In the history of her case as prepared for the class it was afterward stated, this time from what was known of her personal conduct, that she could stoop to pick up a flower, but could also lead cavalry. She has fine powers of observation, and much caution.

This young woman's statement that she had been hampered all her life in following out the work to which she believed she was called, and that since her operation there has not been the slightest suggestion of sexual irritation, and the contemplation of the noble work that she is now carrying on, should make us consider the remarks of Dr. Pratt concerning this case; we have before us material for volumes of serious thought, out of which should come light to every physician who reads.

Case 6.—Mr. W., age 59; married.

Diagnosis: Epileptic seizures, eczema, and asthma.

Operation: Urethral dilatation, circumcision, and slit work on rectum.

Present condition: He has been able to attend to his business all winter. He is relieved of his asthma, neuralgia, indigestion, and ecze-

ma. He has occasionally epileptiform seizures when overtaxed, but these are becoming less frequent and of shorter duration.

Case 7.—Mrs. H., age 28, widow.

Diagnosis: Neurasthenia, immobility of left hip.

Operation: Severing tendon of abductus longus, trachelorrhaphy, amputation of labia and prepuce.

This patient is now walking without crutches, but with some difficulty. We are hoping to have her with us during the coming clinic week. She is entirely relieved of the hysterical and despondent symptoms.

Case 8.—Mrs. G., age 48.

Diagnosis: Endometritis and salpingitis.

Operation: Hysterectomy.

This patient has made a very satisfactory recovery; counts herself a well woman; and her red cheeks and general appearance would corroborate the same.

Case 9.—Miss P., age 23.

Diagnosis: Neurasthenia.

Operation: Loosening prepuce, ventral fixation, ovary patching, removal of appendix, amputation of labia, dilatation of rectum, and removal of pockets.

This lady has made an excellent recovery, has gained flesh and strength, and has been free from pain. About two months ago she fell down stairs, but felt no immediate ill effects. Three weeks later, however, she felt a pulling sensation and aching in the pelvis, which was relieved by a few local treatments. She is a very grateful patient.

Case 10.—Mrs. B., widow, age 46.

Diagnosis: Neurasthenia.

Operation: Hysterectomy, rectal dilatation and kneading.

This patient made a good recovery from the operation. She is relieved of much of her former suffering, but she has not regained the perfect use of her limbs, the spinal nerves remaining very irritable. When we last saw her the lumbar curvature was lessened, but the second and third lumbar vertebræ were still very sensitive, and hard pressure upon them produced involuntary micturition.

We recommended osteopathic treatment for this condition, and the patient gradually improved. But she removed to a distant section of New York, and was compelled to give up the treatment. We believe that if she could have continued with this and other after-treatment she would have regained the use of her limbs, inasmuch as her digestion and nutrition were so much improved, and many of her former symptoms had disappeared.

Case 11.—Mrs. H., age 27.

Diagnosis: Endometritis, laceration of cervix and perineum, rectal pockets.

Operation: Repair of perineum and cervix, slit work on rectum.

This is one of the patients whose character Dr. Pratt delineated so perfectly from tissue reading. She made an excellent recovery, having now full care of her family, and with an assistant makes and bakes on an average 108 loaves of bread a day.

Case 12.—Miss A., age 49.

Diagnosis: Flatulent dyspepsia and neurasthenia, uterine fibroids, prolapsed and adherent ovaries.

Operation: Hysterectomy, severing and repairing perineum, rectal dilatation.

This patient recovered her health so completely that she was accepted as a student in one of the New York training schools for nurses. While attending to her duties in the school she was taken suddenly ill, had a high fever, and was delirious. From this illness she never recovered. Whether this was a severe form of la grippe, which was prevalent at that time, or some other disease, we have not been informed, but we understand that the doctors in attendance were somewhat in doubt as to the exact character of the fever.

Case 13.—Mrs. B., age 28.

Diagnosis: Neurasthenia, rectal pockets and papillæ, adherent clitoris, laceration of the cervix and perineum.

Operation: Slit operation on the rectum, loosening hood of clitoris, and repair of cervix and perineum.

This lady has made an uneventful recovery, and, as her husband says, is growing younger every day.

Case 14.—Floyd S., age 8.

Diagnosis: Elongated, adherent prepuce, rectal pockets.

Operation: Circumcision, slit work.

We have had no report from this case, but the local irritations which were so pronounced, having been removed, we have no doubt but that good results followed the operation.

Case 15.—Miss M., age 23.

Diagnosis: Adherent hood of clitoris, rectal pockets, hemorrhoids, retroflexion, cystic ovaries.

Operation: Ventral fixation, ovary patching, hood of clitoris loosened, and slit work on rectum.

Patient left the Sanatorium in an excellent condition. She went to a distant city, and we presume the improvement in health continued.

Case 16.—Mrs. W., age 44.

Diagnosis: Uterine fibroid.

Operation: Vaginal hysterectomy.

The following extract from a letter written for the Sanatorium Journal speaks for itself:

"You remember I told you about my mother, how I took her to the New York Hospital, where she had a large tumor removed, how I took care of her until the danger was over, and how the doctors there told me there was no help for poor me. But they did not know it all! Thanks to you, I was helped and am very much alive at this time.

"Remember me to all, and tell your dear mother that my head is all right. I am in excellent health, and they tell me here in Waterbury that I am a walking wonder."

Case 17.—Mrs. H., age 48.

Diagnosis: Neurasthenia, lacerated cervix and perineum, rectal pockets and papillæ.

Operation: Trachelorrhaphy and perineorrhaphy, slit operation on rectum.

We have received no personal communication from this patient, but we have learned through her friends that she is greatly improved in health.

Case 18.—Mr. M., age 38.

Diagnosis: Chronic rheumatism and hemorrhoids.

Operation: The American.

"With the following report of a case of rheumatism, there are some circumstances which deserve publicity, as they illustrate the obtuseness or prejudice, or both, on the part of some prominent members of the medical profession, who well deserve some type of rebuke for their ignorance or prejudice, as the case may be. This patient is an ice cream manufacturer, and two years ago, while working in his cellar, was taken with an attack of inflammatory rheumatism. The acute stage in the course of time passed away, but left him a chronic sufferer from this dire malady. It attacked especially the small joints of his hands and feet, and his suffering has been indescribably severe. He has spent all his money in attempting to obtain relief, and is now so badly deformed by the distortion of his joints as well as his pain that he is truly in a most pitiable condition. By a great sacrifice he made his way to the Hot Springs of Arkansas, and there happened to fall into the hands of Dr. V. H. Hallman of that place. Dr. Hallman carefully examined the man's condition and could find no fault with him outside the rheumatic trouble, except a pronounced case of hemorrhoids. As the waters of the Springs failed to relieve his rheumatic condition, but simply made him weaker, Dr. Hallman advised an operation upon the hemorrhoids as the only possible chance of effecting a cure. The man wanted to know if it would be just as well for him to return to Boston

and enter a hospital there, where the work could be done free of charge and thus make it possible for him to be cured without further expense, as his means had become exhausted. This Dr. Hallman advised him to do, and so to Boston he went, entered the hospital of his choice, appealed to the surgeon-in-chief, told his story, and spoke of the advice given him by Dr. Hallman, requesting an operation for hemorrhoids. The surgeon pooh-poohed the idea of the hemorrhoids having anything to do with the rheumatism, and refused to even examine the man, and ordered his discharge, as he was considered an incurable case. The man then wrote to Dr. Hallman, and was advised to present himself at this clinic; and here he is. Now, can he be cured? Most certainly. Orificial work will immediately relieve his rheumatic pains, arouse his reactive powers, institute nutritive processes, and restore the man once more to health. The Boston surgeon is a wise man in all probability, in his own opinion at least, but his sin of omission in this case has been a grave one for the man. The rheumatic affection is so profound in its grip upon the poor man that nothing but the American operation can be relied upon to give him sure and permanent relief." \* \* \*

The results in this case have been simply magical. As expected, the relief from rheumatic pains was instantaneous, and at the present writing, December 23d, there is not a happier man in the State of Massachusetts perhaps than this broken down, dilapidated, crippled specimen of humanity that for two years has been suffering the tortures of the infernal regions, and has spent what little accumulation of property he had effected thus far in his life in paying doctors for fruitless efforts to restore him to health.

A letter received from him during the present week announces that he is able to attend to business every day, rain or shine, and that his voice (which everyone who was in the Sanatorium last summer will remember) is better than ever.

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### CATARRH.\*

A. W. REDDISH, M.D.

SIDNEY, O.

Catarrh includes the largest class of diseases that afflicts humanity, and if all diseases produced by cold or chilling of the body come under this term, it surely is the most prevalent form of ailment. Eczema, comprising one-third of all skin diseases, is classed as catarrhal. Almost the entire list of diseases of the respiratory organs, acute, subacute and chronic, barring tuberculosis, are catarrhal. Seventy-five per cent of

\*Read before the Homeopathic Medical Society of Ohio, May, '99.

aural diseases arise from morbid states in the naso-pharynx, mostly catarrhal in origin.

A large class of gastro-intestinal diseases from simple gastritis to chronic constipation are catarrhal, catarrhal inflammation of the biliary ducts, and biliousness.

Cervical erosions and endometritis are of the same origin.

If the general practitioner takes a casual survey of his ordinary business, he cannot but be impressed with the influence that cold plays in the production of diseases.

It is true that bacteriologists may deny that cold without germ infection is responsible for such a large class of ailments, and yet the clinical history is so conclusive that they will have to produce direct evidence to the contrary before the practitioner will relinquish his present convictions. No characteristic germ has ever been discovered, and there is no microscopic evidence to show that catarrhal inflammation is in any sense a parasitic infection. Clinical evidence shows that meteorological conditions stand in direct etiological relation.

What then is catarrh? It is first a simple inflammation, next a hypertrophy, and finally an atrophy of erectile tissue. The mucous membrane and its epithelial covering being rarely involved. True catarrhal ulcerations are rare.

The diagnosis of catarrh is usually not difficult. In catarrh of the skin (eczema) cuticular inflammation, vesicles, plastic exudation, scabs, and itching are characteristic symptoms. When the mucous surfaces are involved it begins with an inflammation, followed by an exudation of serum, mucus or muco-pus, terminating, if not checked, in hypertrophy of the erectile bodies and finally in atrophy. For purposes of treatment catarrh should be divided into acute and chronic, medical and surgical.

In all catarrhal affections I find local treatment desirable, and whenever possible apply it. The greatest difficulty experienced is in reaching the seat of trouble. In catarrh of the skin no difficulty is experienced in this direction. An ointment made of unguentum rosæ, salicylic acid, bismuth, and corn starch, with the addition of ichthyol in chronic cases, is usually sufficient if applied frequently after the removal of all accumulated detritus from the skin. In catarrh of the mucous surfaces it is generally only a question of reaching the seat of disease with the proper local treatment, be that medical or surgical. Like other physicians, I have my favorite prescriptions.

In erosions of the cervix uteri and in endometritis, I usually find Churchill's tincture of iodine sufficient to cure if applied by means of a swab to the cervix, if it alone is diseased, or applied on a swab, or,



better still, injected through a uterine syringe after the cervix has been sufficiently dilated to allow the surplus to escape, where the endometrium is involved.

That troublesome involvement of the prostatic urethra that gave me so much worry during my earlier professional life, because I did not possess a prostatic syringe, I now relieve by weak solutions of arg. nit. injected down to the seat of disease.

For the relief of acute and chronic rhinitis and pharyngitis I make use of, first, hydrastis and later a preparation consisting of iodine, one part; iod. of pot. (saturated solution), one part, and glycerine, three parts, applied through Davidson's spray tubes by means of compressed air. This treatment will shrink a great many hypertrophies and only the more obstinate ones need to be removed surgically.

For bronchial troubles glyceride of tar is a favorite preparation, used preferably by means of a steam atomizer or spray tubes or nebulizer. In gastro-intestinal catarrh with constipation I have obtained unusually good results, in some cases by giving iodine in tablespoonfuls of glycerine on an empty stomach.

I have purposely left out of consideration surgical, necessary and appropriate constitutional treatment, and dwelt upon local treatment, and especially upon the importance of reaching the seat of the trouble. I have used a great deal of glycerine and iodine wherever hypertrophies exist. One is a depletory, the other an excitant of the absorbent system.

Many other useful local applications might be spoken of, but if I have succeeded in calling your attention to one remedy it is sufficient for this time.

## GENITAL REFLEXES IN CHILDREN.\*

E. C. AUSTIN, M.D.

ELKHORN, WIS.

To offer an excuse for presenting a paper to this society of medical men and women would be like accepting an invitation to dine with an intimate friend, then presenting excuses at the door for coming. Apologies for appearing in overworn garments might be appropriate, and my excuses are for the triteness of my subject. Up to ten years ago very little that was satisfactory or systematic appeared in medical literature or medical teaching relative to the prepuce or hood of the clitoris and their proper treatment. Occasionally some enthusiasts, as Barker Brown of England, or the French school of Paris, have partially grasped the idea of sexual irritation and have advocated clitoridectomy for

\*Read at Wisconsin State Meeting, Milwaukee, May, '99.

nearly all nervous troubles in women ; but, failing to follow their partial discovery with sufficient clinical observations, many evils resulted and few benefits, probably none that have not since been attained by proper attention to the clitoris hood. Brown was finally expelled from the London Obstetrical Society for his enthusiasm in advocating clitoridectomy, and in France it was forbidden by law.

But in medicine and surgery, like law and theology, the pendulum swings both ways, and following the enthusiasm of Brown the subject was so far ignored that most physicians seemed to forget that woman ever had a clitoris or man a foreskin, and this neglect in too many cases reaches to now. It is my aim in this paper to show the true importance of an abnormal condition in these organs as sources of trouble. The question, "What is a normal prepuce?" may well be answered here, and in answering I will quote, as has been done by others, from Dr. E. H. Pratt as follows: "A perfectly formed foreskin in the relaxed state of the organ extends no farther than the point of the glans penis; it is free from all adhesions to the glans and corona, and exercises no degree of constriction on the glans itself, and when retracted shows no tendency whatever to pinch the penis." If you will bear with me a little, I will quote again from a paper on "Preputial Adhesions in Little Girls," by Dr. Margaret Hassler. In comparing the clitoris and its prepuce to the glans penis, she says: "Both are erectile; both consist of a glans, a body, and two crura, each have a corpora cavernosa, separated by an incomplete septum. The glans in each is partly covered with a prepuce, with a frænum attached below; each is supplied by filaments from the pubic nerve and hypogastric plexus; each produces a cheesy secretion, called smegma, which accumulates and hardens under the prepuce." Now if the analogy be so close it might naturally follow that in abnormal conditions their treatment should be similar.

A word more about the nerve supply of these organs: The division of the nerves of the body into cerebro-spinal and sympathetic systems is not absolute or complete, and is a classification largely for convenience. Each has fibers and connections from the other. Commencing then with the lumbar plexus, (for we must commence somewhere) we have from it the genito-crural and ilio-inguinal—from the former a branch which sends fibers to the scrotum or labium, and from the ilio-inguinal fibers supplying the integument of the scrotum, integument of the penis and integument of the labium. "In some cases the ilio-inguinal nerve is incompletely developed and the hypogastric branch of the ilio-hypogastric piercing the internal oblique and the aponeurosis of the external oblique muscle a little above the external abdominal ring and supplying the skin of the hypogastric region, sends fine branches down to the skin of the penis, scrotum, labium, and thigh.

In such cases how easy it is to understand why little boys of imperfect development have inguinal hernia and adherent foreskins and how relieving the irritation of the terminal nerve fibers in the foreskin allows a spontaneous closing of the hernial opening. From the lumbar plexus we have also the anterior crural nerve sending the internal cutaneous to supply both inner and outer sides of the knee; and the articular branch distributed to the capsule of the knee-joint and probably to the hip-joint. It is easy, then, to see why the little fellow for whom I was recently called in the night to relieve the pain in his knee, the parents supposing the case to be one of articular rheumatism, promptly recovered without further medication after freeing the adherent prepuce and dilating the pin-hole preputial orifice; and why many cases of supposed hip-joint disease have been cured by the same proceeding or a circumcision. It is my opinion that in most cases one will answer as well as the other, and I would only circumcise when the foreskin is so long or tightly contracted as to be undilatable to sufficient extent to free all pinching of the glans penis when retracted beyond the corona.

A little lower we come to the sacral plexus; from it articular branches to the hip-joint, the small sciatic giving an inferior gluteal branch to the integument of the sides of the penis or vulva; and the inferior pudendal branch to the integument of the perineum and to the integument of the scrotum or labium. Then we have the great sciatic and the pudic nerves from the same plexus, the latter furnishing the perineal, the inferior hemorrhoidal and the dorsal nerve of the penis, from which last is a supply to the integument of the dorsum of the penis and to the corpora cavernosa. The perineal nerve has its cutaneous and muscular branches; the former supplying integument of the anal region, scrotum, penis and labia, and sphincter ani muscle. The intimate relation of the anus, rectum and genito-urinary organs with nearly all other parts of the body by these somewhat complex systems of nerves (or telephone wires), it seems to me is so plain "that he who runs may read" them easily.

Now, having traced the nerve supply to these organs, it will be easy to understand why certain clinical symptoms, as of hip-joint disease, or convulsions, or articular rheumatism of the knee or strabismus may follow an irritation of the genital organs in children. I say in children because at birth the sympathetic nervous system is complete and begins the performance of its functions at once, while the cerebro-spinal does not completely perform its functions till years later, as a result of training and education. Practically no gray matter is distributed over the brain surface till one month after birth, and inhibition grows accordingly.

Clinically, we have genital irritation producing every conceivable variety of symptoms: Convulsions, strabismus, night terrors, headaches out of proportion in severity to the extent of the lesion, malnutrition and so lack of normal development, or lack of recuperative power in any of the acute diseases of childhood, just sufficient to fail of recovery; and yet many physicians neglect these irritations as insignificant. Perhaps they do not recognize the fact that a small irritation long continued may produce consequences as dire as acute disease or the present deformity. The same irritation in different children may give different manifestations according to what organs have least vital resistance. In a paper entitled: "Avoidable Causes of Disease in Children," read at the American Institute in 1895, Dr. Benjamin F. Bailey said: "Let us not in our enthusiasm for medication, forget to free the prepuce or clitoris, loosen the tension of the sphincter, destroy a parasite or do anything else that may tend to place our patient in a position to rally to the fullest extent under our remedies."

Professor Sayer is authority for the statement that spinal curvatures have arisen from priapism caused by adherent foreskin, and Professor Erickson has seen spasmodic affections resembling chorea result from phimosis. We are also told that general irritability and deterioration of health arise from the same cause. In 100 cases of hip-joint disease collected by Barwell, only six were free from preputial irritation; and that herniæ and reflex paralysis are sometimes caused from the same insignificant source, Professor Hood's cases attest. I might go on enumerating cases, but I think you will not ask further proof of the evil effects of a very small abnormality in a very small organ.

I once heard Dr. A. G. Beebe, of Chicago, say that his explanation of why circumcision had good effect on the sexual proclivities of many men, was that the nerves of sensation had their bulbous terminal ends in the end of the foreskin largely, and that the amputation of the end of the foreskin left remaining an organ less sensitive to the pleasurable sensations derived from the sexual act or from masturbation. I do not assert the correctness of this theory, but the explanation seems reasonable.

As to treatment of these cases, I have hinted at it; and my paper having already grown long, I will close very soon. However, I would say no examination of a sick child is complete either in acute or chronic troubles that does not look for sources of irritation in the generative organs and lower bowel as well as nose, throat, ears and eyes. As to circumcision of either male or female children, I believe it is often the best course to pursue, but don't remove too much of the foreskin; just the right length is better than too short. Dr. J. T. O'Connor, of

New York, read a paper at a meeting of the New York State Homeopathic Society, entitled "Neuroses Indirectly Caused by Complete Removal of the Prepuce," in which he cited four cases of "Angst," a special form of neurosis differing somewhat from neurasthenia, but which may be associated with it. The "Angst" was described by Dr. Sigmund Freud, of Vienna. Some of its symptoms are increased nervous irritability, hyper-sensitiveness to noises, sleeplessness, with constant anxiety and apprehension without adequate cause. Much more might be said; but if I have succeeded in drawing your attention to genital reflexes sufficiently to provoke a hearty discussion, I shall be repaid.

## REFERENCES ON THE SUBJECT.

1. "The Cause and Treatment of So-Called Sexual Neurosis of the Male."—Transactions of the Hom. State Soc. of N. Y., 1897.
2. "Neurosis Indirectly Caused by Complete Removal of the Prepuce."—Transactions of Hom. Soc. State N. Y., J. T. O'Connor, 1896.
3. "Reflexes."—"Present Status of Pediatrics" (1896).
4. "The Mosaic Rite of Circumcision," by S. G. A. Brown. Read at Penn. Hom. Soc., Philadelphia, Pa. (*J. O. S.*, Jan., 1897).
5. "Circumcision—Is It a Fad?" by C. B. Walls, M.D. (*J. O. S.*, May, 1897.)
6. "The Hygiene of the Prepuce in Infancy and Childhood."—R. N. Foster, M.D. (*Medical Visitor*, Nov., 1898.)
7. "Report of a Few Cases of Circumcision," by N. Bergman, M.D. —(*J. O. S.*, Dec., 1898.)
8. "Circumcision or Dilatation?" S. Staads, M.D. (*J. O. S.*, Dec. 1898.)
9. "Report of a Case of Acute Mania in Sexual Pervert Relieved by Circumcision," A. P. Williamson, M.D.
10. "The Clitoris," Libbie H. Muncie, M.D. (*J. O. S.*, 1898.)
11. "Circumcision of Girls," T. Scott McFarland, M.D.
12. "Some Peripheral Irritations Common in Young Boys," J. W. Beaty, M.D. (*J. O. S.*, July, 1898.)
13. "A Few Cases of Circumcision," M. K. Kreider, M.D.
14. "The Clitoris," H. E. Beebe, M.D. (*J. O. S.*, July 1897.)
15. "Circumcision or Dilatation, Which? How?" Benjamin Edson, M.D. (*Medical World*, July, 1898.)
16. "Applied Anatomy of the Nervous System," Ranney.
17. "The Clitoris," M. J. Hill, M.D. (*J. O. S.*, Vol. IV.)
18. "Two Cases of Circumcision," Frank S. Aby. (*J. O. S.*, Vol. IV, P. 44.)
19. "Phimosis," "Clinique." (*J. O. S.*, Vol. III.)

20. "Preputial Adhesions in Little Girls," L. H. Muncie, M.D. (*J. O. S., Vol. III, P. 244.*)
21. "The Baby's Prepuce and Clitoris," Jesse R. Jones, M.D. (*J. O. S., Vol. III, P. 260.*)
22. Dr. Pratt's Reply to Dr. Baldwin. (*J. O. S., Vol. II, P. 45.*)
23. "Free the Prepuce," S. G. Godshall, M.D. (*J. O. S., Vol. II, P. 375.*)

## SOME OF OUR EXPERIENCES WITH THE FIRST ILLINOIS VOLUNTEERS.

C. B. WALLS, M.D.

Assistant Surgeon First Illinois Volunteers.

CHICAGO.



Complying with your request, will give you some of our experiences with the First Illinois Volunteers during the late war with Spain.

Monday evening, March 25, 1898, while assembled in the Sixteenth street Armory, Colonel H. L. Turner addressed the regiment, stating that it would be called for two years, or the war; that if there was any man in the command who for some reason felt he should not go with the regiment, because of

some moral obligations, some one or more depending upon him for support, etc., that if there were any of these, their comrades in arms would not think any the less of them for not going along, that that was entirely a voluntary matter, etc. The enthusiasm was so great that night that I am afraid some were swayed by the patriotic feeling which was then abroad, who had many good reasons for remaining at home.

That night in the armory many men presented themselves for examination, and each one of the medical staff was present, busy examining recruits and making arrangements for hospital corps, etc. The medical staff of the regiment, when called for by United States Government, consisted of Major and Surgeon Charles Adams, Captain and Assistant Surgeon W. G. Willard, First Lieutenants and Assistant Surgeons T. E. Roberts, S. C. Stanton and C. B. Walls.

The following evening the regiment marched down Michigan avenue amidst a large concourse of people, display of bunting, flags, much

cheering and music from the regiment's band. The regiment left the Illinois Central depot in three sections—one for each battalion, a medical officer accompanying each section. Arrived at Camp Tanner, Springfield, following morning; most of the day was consumed before quarters were allotted and occupied by the respective companies and officers.

The regiment was assigned Machinery Hall; at one end was a two-story brick building, occupying about one-quarter of the hall, the other three-quarters was an open shed, much after the pattern of a terminus railway station. Several days passed before the sides and end of this shed portion were boarded up, and straw provided for the men to lie on.

The first two weeks of our stay in Springfield was extremely raw and cold. For a few days many of the men were without blankets and had insufficient clothing, and in addition had to sleep on cement and wooden floors; as a consequence of such insufficient protection, we had a great deal of sickness—colds, bronchitis, pneumonia, tonsillitis, etc. Sleep at night was frequently disturbed by the persistent coughing which was almost continual at times. After straw had been provided for the men to sleep on they were much more comfortable, but the fine dust from the straw kept up the coughing at night for an hour or so after "taps."

"Sick call" was held at a regular hour daily; here we held it immediately after morning "mess," for such cases as could attend, others were seen in quarters, and at the least sign of seriousness they were transferred to the Post Hospital. Pneumonia and similar serious conditions were taken to St. John's Hospital in Springfield and visited twice or three times daily. The Post Hospital was in a building adjoining Machinery Hall. Here, every morning about nine o'clock, surgeons and assistant surgeons of the various regiments met to discuss plans, make suggestions, arrangements, etc., with a view of attaining greater efficiency; report any contagious conditions, or the isolation quarters for any infectious diseases.

The surgeon of the Post Hospital was made by turn, one being detailed from the regiment whose turn it was to be on duty; this surgeon's duty consisted of seeing that each patient in the hospital was being attended to, take care of any emergency case until the arrival of the regimental surgeon, to which the patient belonged. He had under him a member of the hospital corps from each regiment, which had sick there, these men waited on the sick and carried out the surgeon's directions.

St. John's Hospital was about three miles from Camp Tanner; there all serious cases, or cases calling for operation, were taken by ambulance.

Soon after the arrival in Springfield of the Surgeon-General of the State, Colonel N. Senn, an evening course of instruction for the medical officers of the State was arranged, between the hours of eight and ten, and so far as I have been able to learn, this was the first instance of this nature where medical officers in the field were able to assemble to hold a "school of instruction," and so long as our command remained in Springfield the medical officers were in attendance. A cadaver was procured from Chicago, and the first portion of each evening was devoted to the dissection of some part, or region of the body, by some one of the assistant surgeons; this was usually followed by some instruction by Colonel Senn, operations on said part, complications, etc. We had lectures and demonstrations of operations on the skull, hernia, urethra and bladder by Majors Adams, Cuthbertson and Lydston. These were followed by other topics, "Prescribing in Military Practice," "Shock and Sunstroke," "Temporary Dressing of Fractures," "Prevention and Treatment of Camp Diarrhea," "Gonorrheal Ophthalmia," "Dysentery," "Anesthetics," etc.

Monday, May 2d, all of the military medical officers of the State were instructed to present themselves at the Senate Chamber by one o'clock, for examination, physical and mental. The physical examination was a careful scrutiny of each man stripped; of the medical officers but three were rejected for physical defects. Each one had to fill out a blank, giving his name, age, height, weight, family history, professional and scientific studies, equipment in foreign languages, papers, essays, books, etc.

The following are the questions by which our mental qualifications were tested:

#### *Surgery and Anatomy.*

1. Detail the treatment of a recent case of compound fracture of the leg.
2. Describe the different kinds of acute synovitis, and outline treatment of each.
3. When should you wait for a line of demarcation in gangrene before amputating?
4. From what vessels might hemorrhage come in a wound of the upper thigh?
5. Enumerate the coverings of an oblique inguinal hernia.
6. Name the flexors of the forearm and give points of origin and insertion.

#### *Hygiene.*

1. Give your ideas of the selection and sanitation of camps.
2. The prophylaxis and treatment of sunstroke.



3. How would you determine, in the field, in a general way, the salubrity of water supply and what measures would you take for preventing its pollution?

*Military Surgery.*

1. Give method of treating (temporary) gunshot fractures of the thigh, on the field, and when and how would you remove the patient.
2. What is the effect produced by a modern small-jacketed bullet compared with the old calibre missile?
3. Give method of procedure in rendering first aid to and removal of wounded from fighting line to field hospital.

*Practice of Medicine.*

Pneumonia, dysentery and yellow fever. Give etiology, morbid anatomy, symptoms, complications, treatment, etc., of each.

*Materia Medica.*

1. What are the more common forms of mercury used in medicine? Write prescriptions for four.
2. Mention the comparative advantage of ether and chloroform as anesthetics.
3. Indications for the use of emetics, cathartics and alcohol?

These questions were no doubt intended as a general test for the qualifications or ability of the medical officers of the National Guard, to comply with the United States requirements, which calls for such examinations, and to afford the surgeon-general of the State some reasonable means for leaving out a number of medical officers, because the army regulations only call for three to a regiment, whereas the National Guard of Illinois has five to a regiment.

Major Charles Adams, having been promoted to lieutenant-colonel of the medical department of the State when the whole command reorganized and mustered into the United States service, the medical officers were as follows: Major and surgeon, W. G. Willard, and assistant surgeons, T. E. Roberts and C. B. Walls.

May 11th in the senate chamber and rooms adjoining the examination of the regiment began; first the commissioned officers, then each company by itself. As a rule there were about 150 men stripped on the floor at a time. The various figures—short, tall, obese and spare, different complexions, a few completely covered with hair—the whole made a unique picture which will long remain in the minds of those present. It was a perpetual stream of human forms, and the variety of build, height or complexion made the line an odd one.

The following is the procedure of this examination, the men had already answered many questions in writing: The medical officers of

the regiment took expansion of chest, examined lungs and heart, eye and ear, nose, mouth and throat. Col. Senn looked out for hernia, varicocele, etc.; Capt. Birmingham, U. S. A., examined rectum for piles, etc, and general physique. Each one having but a limited part to examine, there was greater dispatch in these examinations and the stream of figures was always moving. Cases rejected the cause thereof was noted on their examination paper, such as hernia or poor physique; any defect or scar was also noted, such as flatfoot, varicocele, scar from operation in right inguinal region, etc.

The examination of the whole regiment of 1,300 men occupied about ten hours, and out of this number ninety were rejected. Afterward the number was further cut down, because we had too many men. A full company in the Illinois National Guard calls for 106 men and three officers, but the United States army regulations only permitted eighty-four men and three officers.

The mustering into the United States service of our regiment began May 12th and finished on 13th. This mustering in consisted of, say one company, the names of the men were called, also the officers; then all with uplifted right hand were sworn into the service.

The afternoon of the 13th and all day of the 14th was devoted to the vaccination of entire regiment, in accordance with instructions previously issued by the surgeon-general of the State, i. e., vaccinate left arm, near origin of deltoid muscle, which had been previously cleansed; using a lancet to scarify, which was cleansed with alcohol after use in each case, the vaccine blown on with a rubber bulb, the arm allowed to dry and then covered with gauze, which was kept in place by adhesive plaster.

While under the State organization at Springfield, during the prevalence of colds, coughs, etc., a large quantity of certain medicines were used; all requisitions were made by chief medical officer of regiment and indorsed by post surgeon; particular brands or expensive medicines were almost excluded; before we left the State we obtained a supply of medicines which, under ordinary circumstances, would be ample for two weeks. When we came to request medicines, dressings, instruments, etc., from the United States supplies, the requisitions had to be made out in duplicate or triplicate by the senior medical officer of the post or regiment, whose duty it was to see that said requisition *did not call for any article not in the supply table* (U. S. Med. Man., arts. 78 and 79). If by chance an article of common use, but not on supply table, was requested, a pencil or pen would be run through the article, and no further attention paid to it, nor any explanation made. Thus we were confined to the use of certain drugs or combinations

approved of by the surgeon-general of the United States army, and any others which we preferred to use, either from habit, fancy or conviction, could not be obtained, situated as we were, not knowing when we would move, nor whither.

The regiment left Springfield for Chickamauga, Ga., May 17th in three sections, each accompanied by a medical officer. Each one of these sections had sick men en route, several serious—appendicitis and pneumonia. Soon after our arrival at Camp Thomas, Chickamauga Park, those who had been successfully vaccinated began to call for attention. Many of these infected their arms bathing in Chickamauga Creek; a few had severe symptoms from vaccination, extreme pain, swelling of axillary glands, headache, etc. For several days the men were drilled and marched without arms, so as to permit early recovery.

Col. N. Senn had issued an order May 10th to regimental surgeons requesting them to give instructions to officers and men in their commands on first aid, diet and drink, temporary treatment of fractures, hemorrhage, transportation of the injured, illustrate the triangular bandage, etc. This we were unable to put into effect until we reached Chickamauga, where each company was taken separately and these subjects discussed: Difference between heatstroke and prostration, and the danger in treating both conditions as the same, and in addition warning the men of the great danger arising from venereal diseases and of their great prevalence in Cuba, etc.

While at Chickamauga friends of the regiment commenced to send all kinds of dainties to the men—cakes, pies, cookies, etc. Because of the great prevalence of derangements arising from the consumption of these it was seriously contemplated to have a medical officer examine such goods before they were eaten. Soon such presents took a more practical form. We obtained several shipments of Horlick's malted milk, Armour & Co., Swift & Co., and Libby, McNeil & Libby each sent cases of beef extract. Then friends of each company would send a box, barrel, etc., containing various articles suitable for the sick. Mostly all of such goods were turned over to the medical department of the regiment, so that, although we had not obtained hospital supplies from the State or United States Government, the sick were well provided for. About this time the commanding officers of the companies saw the great need of such articles when men were sick, and saw that the sick had only such food as was prescribed by the surgeon, and when in the hospital supplied to the men at the hours appointed, for as yet our hospital corps was not fully organized, nor had it an experienced cook.

Our medical experience began to vary. The men rallied from their

prolonged exposure in Machinery Hall, the climate was warmer, the air and surroundings much better. Several cases of pneumonia developed and a case of appendicitis, but it was transferred to the general hospital, where there were proper conveniences, tents, etc., for operation. Our water supply here at first came from Chickamauga Creek, but when it was found unfit for use without boiling, and we lacked facilities for boiling the water for drinking purposes of the entire regiment, we were obliged to look for pure water away from camp. There was a good spring near Alexander bridge, but its output was small, so that when one went for water he would line up behind fifty or more, who had all manner of receptacles in which to carry the water. This consumed so much time that our regiment obtained its water from Blue Springs, three miles distant.

The camp was visited twice a day by peddlers, with various articles for sale—strawberries, young onions, pies, cakes, etc. These people were not allowed within our lines, but there were no restrictions for our men not to go outside to them. As a consequence we had various intestinal troubles, arising from hasty or irregular eating of such goods. While in this camp we had several cases of poisonous bites and stings from insects, and a few cases of dermatitis from vegetable poisons—poison oak, ivy and sumac—but none of them were serious and lasted only a few days.

We left Chickamauga June 2d for Ringgold. By mistake the longest road was taken. It also proved a very difficult one, because of the many hills we had to climb. These hills proved too steep for the mules with heavy loads, so that when the teams came to the foot of such hills the men fell to and helped the wagons up. The day was exceedingly warm, and the complete equipment, the heat, marching and heavy work soon told on the men, and when we had gone six or seven miles they began to show signs of fatigue. The regiment was followed by the hospital stewards and hospital corps, sixteen men in all. Each of these had emergency medical and surgical supplies—bandages, adhesive plaster, strychnia, glonoine, aconite, belladonna, etc., in tablet form. Through the courtesy of a Wisconsin regiment, we had the use of an ambulance, which had a good supply of wholesome water in a tank under the driver's seat. The ambulance was used to pick up extreme cases, as heat prostration. Many of these cases were carried for a mile or so until they had sufficiently recovered to enable them to go on with their company, but toward the last part of the journey the number of men who needed help was so great that we could not carry them in one ambulance. The writer was in charge of this vehicle, and when within a few miles

of Ringgold he was called to go back, as some one was in a collapse. While attending this case the ambulance pushed on ahead to the village with those it had, so that they might be cared for, get a fresh team of mules and return for those left behind on the road. Ere the sick were cared for and a new team got ready the temperature was much cooler, so that most of those left were able to get into town with the assistance of comrades. The ambulance on the second trip brought back a few. None of these cases proved to be serious and all recovered within a few days. Same night we left Ringgold for Tampa. The trip was tedious. When we got to the border of Florida the trains moved slowly, frequent stops for water, fuel, etc., so that we did not reach Port Tampa until afternoon of June 4th. Several cases of sickness developed en route, and here, in transferring baggage, tents, etc., two men were severely injured. We camped in a "scrub palmetto" grove for a few days. While here we had one man receive a severe wound from a "horseshoe crab," or, as it is known to the natives, "a stinger." It is a crab in shape and size of a horsehoof, with a prolongation of shell after the manner of a tail, thicker than a pencil, tapering to a point. This pierced through the foot, leaving a jagged wound, which was long in healing.

Our next camp site was in Picnic Island, a few miles from previous one. To this the regiment moved June 9th. At this time all of the transports and war vessels which formed the first expedition to Cuba were being loaded at Port Tampa wharf or anchored out in the bay. At night some of the war vessels would bring their searchlights into play, so that an officer behind it with a field glass could readily see small specks of boats miles away. The duties assigned to our command were to guard the docks, transports being loaded, care of ammunition, etc. There was also turned over to our care a Spanish consumptive prisoner.

One day, in company with two other officers, we had a rowboat take us out to the Red Cross Society's ship, "State of Texas." By the courtesy of Drs. Gardner and Egan we were shown all over the vessel and some of the cargo, and while we could not have recommended such a vessel for a hospital ship, she certainly had plenty of food of all varieties, especially such as would be of use to those in a warm clime—cereals, canned fruits, vegetables, various brands of milk preparations. Little did the writer think when visiting this vessel that before many weeks we would be cheerfully willing or anxious to receive some of those "supplies for starving Cubans." Whether from ignorance or prejudice I cannot say, but from conversing with several medical officers the thoughts expressed implied that while Miss Clara Barton's intentions were all right in a way, yet she was an unnecessary incumbrance to an invading army.

Our camp on Picnic Island was not healthy for the number of men in our command. This so-called "island" is in shape similar to the stomach, with greater curvature outward into Tampa Bay. At low tide much of this form was lost. It is very flat, so that at full tide and a big rain the island would be well nigh submerged. The regiment was crowded very much. The ground was damp, poor food, improper cooking and irregular habits of the men tended to reduce their vitality, while those on duty at the docks were indulged greatly on board the transports, drinking of water on the docks, which was not the same as we were using. These and other causes affected the health of our command so much that our chief surgeon, Maj. Willard, made a rigid inquiry, with the following results as summarized by him:

"The cause and continuance of diarrhea are found partly in the climate, character of food furnished, but very largely in individual neglect of ordinary rules of health, notwithstanding repeated injunctions from officers. The direct causes are as follows:

1. Excessive use of drinking water.
2. Use of water other than tank (i. e., dock water).
3. Drinking large amounts of water or other cold drinks when overheated after a drill or march.
4. Excessive use of coffee.
5. Bathing when heated, and prolonged bathing.
6. Eating imperfectly cooked vegetables and hardtack fried in grease.
7. Neglect to cut down diet upon appearance of diarrhea.
8. Neglect to report at 'sick call.'
9. Failure to carry out surgeon's orders.

And the following recommendations were made for prevention and cure of such trouble:

1. Drink but little water; take only small amounts at a time and not often.
2. Drink nothing for at least half an hour following drill or any other exercise which leaves the body heated.
3. Drink no dock water; men going on guard should fill their canteens before leaving camp and use no other.
4. Boiling the tank water is recommended, and the use of no *other* water is permitted.
5. Drinking of coffee by well men should be limited to two ordinary cupfuls per day; coffee should be discontinued from diet when diarrhea appears.
6. Never eat vegetables which are not thoroughly cooked, especially potatoes and beans.

7. With first appearance of diarrhea limit the food to hardtack, chewed thoroughly; rice, hot water and malted milk when obtainable, or avoid for twelve or twenty-four hours.

8. When affected, and for forty-eight hours after an attack ceases, take no fruit, vegetable, lemonade, ginger ale, ice cream, milk shake, etc.

9. Avoid unnecessary exercise and exposure to the sun as long as trouble continues.

10. Every case of diarrhea should be reported promptly at 'sick call.'

11. It is *necessary* that *officers insist* that these and other recommendations given to individual men be carried out to the letter."

After the 14th of June, when the first expedition left for Cuba, some of our diarrheal troubles ceased, officers were able to exercise more attention to their men; then came up another trouble, that of malaria now began to show itself.

*(To be continued in August number.)*

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#### ANNOUNCEMENT.

During the week beginning with the 4th of September the annual class for private instruction in orificial surgery will be held in Chicago. On Wednesday and Thursday of this week will convene the sessions of the American Association of Orificial Surgeons, the members of this society being welcome to attend the clinic on these days.

The Cuban war is ended and prosperous times have begun to appear, and the indications are that the coming class and meeting of the American Association of Orificial Surgeons will be unusually well attended and more interesting and instructive than they have been for many years.

The announcements of this class will not be issued until the latter part of July, but as seats in the amphitheatre can be applied for at any time, those who have a choice had better send in their applications as early as possible, so as to avoid disappointment. For particulars address Dr. E. H. Pratt, 100 State street, suite 1203, Chicago.

Dr. Pratt will be in Chicago and engaged in private practice the entire summer, except for the three weeks beginning with June 20th, during which time he will be in attendance at the meeting of the American Institute of Homeopathy at Atlantic City and fulfilling his summer appointment on Muncie Island.

# EDITORIAL DEPARTMENT.

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## SERIES OF IMPERSONATIONS.

### IMPERSONATION NO. 4.—THE VENOUS MAN.

LADIES AND GENTLEMEN :

My twin, the arterial man, has requested me to appear before you and tell you something of myself, so I suppose I must do the best I can to entertain you. Although a good speaker, with me for a subject, might be able to give you pleasant and profitable entertainment, I have but little confidence in my own ability to make full use of my opportunity. I am just one of the brotherhood of shapes that you have been hearing about of late, and more of a worker than I am of a speaker. If I could only be put in operation, so that you could get a fair example of the use that I was made to serve in the human body, you would find the demonstration fascinating in the extreme. If my story, then, does not hold your attention it is because it is poorly told, and not from any poverty of material out of which to weave a brief consideration. In other words, I am conscious of being interesting in myself, but have little faith in being able to present my interesting features in an entertaining manner. But if you will allow something for my embarrassment, something for my loneliness and grief at being separated from my brother shapes, within whose meshes I was always so closely entwined, something for the fact that I am somber in appearance, have been somber in my life work, and must therefore be more or less somber in my talk, I will briefly refer to a few of my characteristics that seem to me most deserving of your attention.

Although each of the human forms will speak for himself in your presence, and is supposed to confine himself to matters of personal consequence, for myself I shall take the privilege of dropping an occasional remark concerning some of the other members of my family whenever it seems necessary to do so, in order to properly elucidate my theme.

You know I am a twin, and although I am expected to confine my present remarks to personal matters, in my own mind I find it difficult to escape the conscious presence of my twin brother. The fact of the matter is, we have very much in common. When the blood of our body



is all drawn off we are both of us merely tubular formations. Both of us carry blood, both of us are connected with the heart at one end and with the capillary system of the body at the other; but although so closely associated with each other our functions are quite different, my brother's mission being to carry blood away from the heart out into all the tissues of the body, and my mission being the reverse, to collect the blood from every part of the human system and return it to the heart. Between us we manage the complete circulation of the blood. But he, as I said, distributes it, while I collect it. He spreads the table for the nourishment of the human being, while I pick up the crumbs. He brings things, I take them away. He acts as a supply train, while I am more or less of a funeral procession. He deals in supplies, while I am more of a high-grade scavenger, and gather up the waste, either for renewal or burial, as proves to be necessary. So you see, while between us we manage the circulation of the blood, in reality we perform uses of an opposite nature.

This is true so far as the greater part of our work is concerned. Down in the chest, however, our duties are reversed. After I collect the blood from all parts of the body and pour it, a foul, polluted stream, into the right auricle of the heart, this cavity contracts and forces it into the right ventricle, and there my service ends. My brother, the arterial man, then takes charge of it and has the responsible position of conveying it to the lungs for its purification, after which it is once more passed into my keeping and, by my four pulmonary veins, I have the joyous privilege of emptying it into the left auricle of the heart, after which it is once more placed in my brother's keeping. You see, whenever blood goes from the heart, be it red or black, my brother has it in charge, and whenever it is brought toward the heart, regardless of its color, the burden becomes mine. But my brother and I understand each other so perfectly that we work in such perfect harmony as in reality to appear like one person, the bloody man, instead of two, as we are represented in your presence. It is perfectly proper, however, that we should be regarded as two separate forms, because there are enough marked points of difference between us to establish separate identities. For instance, in the matter of construction, each of us has three coats, and although there is very little difference between the outer and inner coats which belong to us, the middle coat, which enters into the formation of the arterial man, is much thicker and more substantial than my own middle coat. So marked is this difference that whenever an artery is severed and the blood empties away the artery stands wide open, so that the severed end appears perfectly round. If an artery is pinched its elasticity will immediately restore its shape when the pinching ceases. But poor me is not so blessed with stiffening material.

When I am not distended by the current of blood which courses through my channels, I become perfectly collapsed, and it would not be necessary to pinch me to hold my walls together. They would stay together of their own weight. Nevertheless I am not devoid of a middle coat, and such as I have is constructed after the manner of that of the arterial man, namely, of involuntary muscular fibers.

Our means of nourishment and nerve supply are identical. Like the arterial man my activities, what few I have, for I am not so active as he, neither am I as strong, are presided over by the vasomotor nerves which, as he has explained to you, are made up of a combination of sympathetic and cerebro-spinal nerve fibers, so that either nervous system can have direct communication with the blood stream. Then, too, neither of us depends upon the blood we handle for our nourishment, but, as he has already explained to you, a delicate system of blood vessels called the vaso-vasorum provides us with what material we need for our nourishment. In this we are alike.

We are quite different in our containing capacities. It would take twice as much blood to fill my veins as would be required to distend his arteries. That is, my area of channel surface is twice as extensive as his. My branches are more numerous and more irregular in their location. As we handle the same amount of blood you can at once see that he has to accomplish his work twice as rapidly as I do mine. So while the arterial stream is very rapid the venous stream is comparatively sluggish. In general terms I consist of two sets of veins, both of them, of course, starting at the capillaries and coalescing as they increase in size and decrease in number as they approach the heart. One set of my veins keeps company with the trunks of the arteries, the largest-sized arteries having but one vein, while the middle-sized and smaller arteries are furnished with two companion veins, called *venæ comites*. This set of veins which accompany the arteries, and are often encased with them in the same enveloping sheath, are known as the deep veins. The other set of veins, called the superficial, ramify in the loose areolar tissue immediately beneath the skin, and when they are filled with blood and the skin is of a clear transparent quality they show as irregular blue streaks, mapping the surface of the body out into queer, irregular-shaped figures, bounded by the blue lines.

It seems as though the blood would get lost in the labyrinth of my channels and never succeed in finding its way back to the heart. Such is not the case, however, as if there is no mechanical obstruction to prevent, the heart gets all of its blood back in due time, and as fast as it empties itself is filled up again. In some places my venous branches go by the name of sinuses. For instance, the large venous trunk that takes the blood from the walls of the heart itself and pours it into the

right auricle is called the coronary sinus. The large veins which connect the uterus with the placenta in gestation are known as the uterine sinuses. Those of my veins which are located in the dura mater of the brain, which is the tough outer membrane which acts as a lining to the cranial cavity, are all called sinuses. There are fifteen of them in all, but their naming is not important on the present occasion, as the fact which I have already stated is all that will probably interest you at present. In a few places, where my veins are very numerous, thick enough indeed to constitute something of a bundle of them, they take the name of plexuses; as for instance, the choroid plexuses, in the lateral ventricles of the brain, the pampiniform plexuses in the spermatic cords of the male and in the broad ligament of the female. It is a little confusing to students of anatomy that some portions of my tubular structure go by the name of sinuses, for the bony man has cavities especially connected with the cranial bones that are also called sinuses, as the frontal, ethmoidal, sphenoidal, and maxillary sinuses. To have the same name to mean in one connection a bony cavity, and in another place a blood vessel is a little awkward, is it not? Nevertheless I had nothing to do with the matter and simply relate the facts.

Anatomy is not a very progressive science and does not change much with the years; so what I am telling you is already a matter of ancient history and liable to remain unchanged for ages to come. So instead of finding fault with things as they are it will better become us perhaps to simply accept the situation and let that end the matter. It is all right to fret about unsatisfactory arrangements that are capable of modification, but to resent the inevitable and rail against conditions which are permanently fixed is both useless and unsatisfactory.

In another important respect the arterial man and myself are different. He has no valvular arrangement except the semi-lunar valves which serve to prevent the regurgitating of the blood back into the ventricles when they relax after contraction. But I am furnished with innumerable valves placed a few inches apart in most of my branches, so that when the blood tries to go back toward the capillaries, as it might do under some forms of outside pressure, or induced by gravity acting upon dependent parts, the regurgitation of the blood stream toward the capillaries is thus rendered impossible, for the slightest motion of the blood backward closes these valves and completely obstructs its progress. There is one part of my venous self that is unprovided with these valves, and while there may be some advantages in this fact with which I am not acquainted, I sorely feel their absence and often wish that there had been valves enough to go around, so that all my venous branches could have been provided with them.

I refer to my veins which are connected with the digestive organs.

Those of my veins which come from the spleen and the stomach and the small intestine and from the large intestine and from the pancreas, indeed, as I said, from all of the digestive organs, coalesce into one large vein known as the portal vein, which carries the blood to the liver and ramifies through this organ before it is again collected by the hepatic veins and carried into the inferior vena cava, to be carried with the rest of the blood from the lower part of the body to the right auricle of the heart. All these digestive veins are unprovided with valves. As a human being spends much of his time in an upright position you can readily see that the lower veins connected with these digestive organs, namely, those supplying the rectum, are forced to sustain the pressure of the entire column of the blood which extends from them to the liver. Not only does the force of gravity act upon them, but when the liver is congested or the circulation of the blood through it in any other manner is impeded, the venous stream is thus blockaded and the veins which collect the blood from the rectum are called upon to sustain the entire force of this pressure. You can at once see that here are two obvious reasons for undue stretching of veins which return the blood from the rectum. These veins are called hemorrhoidal veins, and their dilatation constitutes the annoying and mischievous trouble known as hemorrhoids, so common an affliction as to be familiar not only to doctors, but to the laity as well. It seems to me that hemorrhoids could be avoided if all veins which come from the digestive organs were provided with valves. But this is the way I was made, and I presume it was for a valid reason, although I am fully unable to appreciate it, and so in reality have no right to pass such severe judgment upon my construction.

Gravity does affect me, as is evidenced by the fact that varicose conditions of my channels occur in independent parts. The veins of my lower limbs suffer most and frequently become as large as your little finger and stand out like whipcords all over the surface of the limbs just beneath the skin. Sometimes they are distended to such an extent as to rupture beneath the skin and cause spots of ecchymosis, which take a long time to absorb. Oftentimes the skin itself becomes so congested as to break down and have great big patches of sores, known as varicose ulcerations. When my veins in the pampiniform plexuses of the spermatic cord become enlarged in this way the condition is known as varicocele, and has such a weakening, degenerating effect upon the male sexual system as to call for relief to prevent a complete loss of sexual vigor.

You must not think, however, that gravity is the sole cause of undue dilatation of any of my channels. For if this were the case everybody would have varicose veins, and such, as you know, is not

the case. The main factor in any varicosity is a depleted nervous system, concerning which it is not my province to discourse. My nervous brothers can tell of their own troubles when it comes their turn to speak. Only you will understand that I hold them responsible for whatever pathological difficulties I am forced to encounter. In this sentiment let me assure you all of my brother shapes will also join, for we are all agreed that as our life and health are maintained by the nervous men, so disease in its various types is invariably the product of sins of either omission or commission on the part of these same nervous brothers of ours. Whether they will confess this to you or not remains to be seen, but for one I propose to give you this idea right here, not to escape personal blame, but simply to acknowledge my sole dependence for whatever I am or become upon whatever influence is meted out to me by my nervous associates. We are good friends, my nervous brothers and myself, for we have to be. Nevertheless, while I am their willing servant I am also their unfortunate victim; and I have the courage of my convictions to the extent of proclaiming the truth about the matter in this public manner.

My arterial brother and myself have another point of difference which should be mentioned, and that is that the flow of the blood through his channels is accomplished by waves of peristalsis starting from the heart and continued through the arterial channels by the peristaltic action. But with me it is different. The stream of blood which passes from the capillaries where I start into my venous channels, that finally empties into the heart flows along smoothly and evenly, without wave or pulsation.

One more word as to the difference in the quality of blood which is carried by the arterial man and myself, ignoring, of course, in this remark the fact that for a short distance, namely, from the heart to the lungs and from the lungs to the heart, our usual functions are reversed, the arterial man carrying the blood which belongs to me, and I carrying for a short distance between the lungs and the heart the bright red blood which in most of its course it is his privilege to circulate.

At your next assembly the human form that will address you will be the lymphatic man. He will have little enough to say for himself, and I will not anticipate his remarks except to say to you that all the liquid product of his industrious work, be it debris from bodily tissues or the chyle prepared from the food, is poured into my channels at the upper part of the chest, just a short distance before they combine to form the superior vena cava which returns the blood from the upper part of the body into the right auricle of the heart. What a mixture this makes of the dark waters of flickering life that have their meeting in

the right auricle of the heart. Here is the dish-water of the tissues, the old worn out, disintegrated and dissolved bodily products mingling their liquid death and discouragement with the new material coming directly from the digestive tract laden with the hopes of tissues yet unborn. The surging stream whirls into the right ventricle and is no longer in my keeping. But my arterial brother coming to my rescue turns with a powerful grasp the current, black with the liquid tissues from which all life has been squeezed and impregnated with the incipient hopes of life hurrying to fleshly embodiments, to the lungs for that wonderful breath of life which typifies resurrection to such an extent that it transforms death into life, black blood into bright red blood, stale, profitless, poisonous stuff into a vitalizing fluid for which the bodily tissues forever stand in wait. In return for my arterial brother's kindness in taking this black, polluted stream to its final destination in the lungs, a service easily conceived to be beneath his dignity, I stand with open veinlets to collect this bright red stream into which has so marvelously been breathed the breath of life, and by my pulmonary veins convey it to the left auricle of the heart, from which it is at once returned to the keeping of my arterial brother, who distributes it throughout the human being, giving each manly form the exact amount needed for his sustenance and repair. When we are at our regular business, with the exception of our thoracic interchange of offices, my arterial brother and myself are great contrasts. He is fair and I am swarthy. He is full of life and force and vivacity and strength, and I am weak and discouraged and sluggish. While we are alike in shape, alike invisible to the naked eye at the capillaries, so that our outlines are equally indefinite, the contrast between us is so great that in spite of our close association there is little danger of mistaking one of us for the other. If he is day I am night, if he is life I am death, if he is substance I am shadow, if he supplies I bury, if he sings I sigh, if he smiles I cry, if he is hope I am despair, if he is young I am old, if he is an orchard I am a graveyard, if he is a picture I am but its background, if he is the flow of life I am its ebb, if he is the river of life I am the river Styx. We symbol the extremes of the pendulum of life, we picture the perpetual ebb and flow and stand for the eternal circle of things, thus forever revolving from life to death and from death to life. I love my brother. He is my hope. Yes, I should say our hope, for all of us depend upon him. I know that my brother loves me; and yet in my despondency I sometimes fear that his sentiment toward me must be more akin to pity than to love. But we both have our uses.

I have told my tale in my poor inadequate manner, and your kind attention has touched me deeply. It assures me that my imperfect presentation of the position I occupy in the brotherhood of human

shapes has not entirely hindered you from catching the spirit of the personal history which I have been trying to present to you. My work in the body is somber, responsible, full of discouragement and serious. But I am the only black sheep in the family, and the others of my brother shapes will furnish you with a livelier entertainment. The next in order to appear before you will be the lymphatic man. You must not expect too much of him, for he is bashful and diffident in his ways and will probably have less to say for himself than most of the other members of our composite family. E. H. PRATT, M.D.

# CLIPPINGS AND COMMENTS.

C. A. WEIRICK, M.D.

CHICAGO.

63. VESICARIA IN ACUTE PROSTATITIS.—Halbert gives case as follows:

Mr. H. was a hard-working young man whose vocation demanded much outdoor exercise. During the recent inclement weather he contracted a severe cold and suffered somewhat with lumbago. Falling into the hands of some "orificial" enthusiast, his lame back was accounted for by the usual fissure and papillæ theory. He suffered accordingly the customary financial and sphincter dilatation; his suffering, instead of being relieved, was greatly augmented, and soon he experienced the fever and extreme rigors incident to an acute attack of prostatitis. Micturition was painful and difficult, and soon hematuria ensued; his pain and nervous exhaustion were so extreme that he was put into the hospital and for a time was only relieved by hypodermics or morphine. The urinalysis showed a decided presence of albumin, blood clots, and much pus. It was necessary to resort to the use of the catheter, and defecation was extremely painful. He was given vesicaria 1x, hourly for some time, and the relief, though gradual, was pronounced. The painful tenesmus was alleviated, and soon he was able to void the urine naturally. After three weeks of hospital care and the continued administration of this remedy, he is about able to go to his home.

The value of this remedy is observed in its primary action upon the prostate and its secondary relief of the resulting cystitis. I am sure it is almost of specific value in such obstinate cases which are so difficult to cure.—*American Homeopathist*.

The theme suggested by this clipping is "Assertions." The value of an assertion depends on the individual who makes it, its reasonableness, and its proof.

Some people accept what is told them without question, others not until they have made what seems to them a thorough investigation. Both classes of people make assertions which may be wrong; the former are, of course, the less reliable. This class is found in the medical fraternity in the various schools of medicine, and probably in nearly all its specialties. These people make preposterous assertions which exert little influence, but which are sometimes used by those who wish to injure something that possesses merit. There are very few physicians who do not believe that often great general benefit may be rendered a patient by curing diseased orifices of the body, no matter what the treatment may be called. If there be those whose enthusiasm is not based on knowledge and a reasonable degree of good judgment who will administer a treatment that is not best for the patient, they and not a method cure should be criticised.

We have heard physicians indiscriminately accuse others of the profession of advising treatment not because the individual case for which it was advised needed it, but for mercenary reasons. As a rule, we have not had much respect for the accusers. It is an exceedingly weak charge to make against a class of physicians that is made up of as large a per cent as any of conscientious, competent, broad-minded doctors.



Dr. Halbert is deservedly considered one of the leaders in the homeopathic school. Men of the regular school, whom he regards as authority, honestly believe that homeopathic treatment with potentized drugs is nothing but expectant treatment, and that those drugs are powerless. They have the same reason to accuse him of being mercenary as he has of accusing others of practicing methods which he does not believe in. Such an illiberal assertion that he, the patient, suffered accordingly the usual financial and sphincter dilatation is an injustice to himself, and for that reason we are sorry.

It is unfair to judge a class by a few individuals. Judas was not the representative of Christ and the remaining disciples. There are doubtless mercenary betrayers of confidence to-day, but they are not confined to any one school or specialty.

There are those who openly state that while they do not indorse all the methods of applying the principles of orificial treatment, yet they believe in it. There are others who believe in it, use it, but for fear it will make them unpopular, refrain from making any public admission of its value. One gentleman informed the writer that he believed and made use of orificial treatment nearly every day, but he feared his standing among his associates would be injured were that fact to become generally known. A policy course is all right when followed for the good of humanity.

The doctor calls attention to the value of vesicaria upon the prostate, and shows its efficacy by the case that after three weeks of hospital care and the continued administration of this remedy is about able to go to his home.

It is always somewhat difficult to decide how much credit to give to one of several factors used in the treatment of many cases. This patient had hospital care and vesicaria. Usually such a one would be given in a hospital the benefit of the recumbent posture, antiseptic measures, intercurrent remedies to meet special manifestations, a selected diet, and, by some, local applications, and in addition the recuperative powers of the individual would make a wonderful difference in the time required for recovery, which in the case reported had not taken place, for "he was about able to go home." How much more time will be required in this acute affection to complete the cure after he is fully able to go home unfortunately could not be given in this prematurely written report. We have obtained more satisfactory results from material doses of vesicaria than from the dilutions, and more satisfaction with other remedies than from vesicaria.

64. THE RELATIONSHIP BETWEEN THE GENITO-URINARY TRACT AND RECTUM.—  
IN OPERATIONS UPON THE FEMALE, WHICH SHOULD RECEIVE PRIORITY?

A paper with the above title was read by Dr. J. L. Jelks at the last meeting of the Mississippi Valley Medical Association. From an abstract prepared by the author, the more essential features may be noted as follows:

Attention is drawn to the fact that the pelvic viscera are all innervated from practically the same sources, and the importance of this connection is pointed out as accounting for the numerous and varied reflex pains to which these organs are prone. From even slight disorders of the intestinal tract severe pain may be referred to perineum, urethra or ovaries, and continuation of the irritation may result in permanent drainage of the neuron.

The fact of frequent and early involvement of the rectum after a cervix and perineal laceration is not explained by mere contiguity of the parts.

Pressure of subinvolved and displaced uterus and weakening of its supports may have some effect; but the continuity of their nerve supply and interference with the return circulation from the pelvis are more patent factors. The intimate vascular and nervous relationship between the rectum and other pelvic organs are from both an anatomical and clinical standpoint so constant that the rectal surgeon, gynecologist and genito-urinary surgeon must often compare notes as to the nature of the case presented.

The rectal surgeon will often find that, though the rectum is involved to such an extent as to be bitterly complained of, the chief source of trouble is in one case a diseased ovary, or that in another case to relieve his patient he must dissect from the cervix a cicatrix and repair a perineum.

Almost without exception, cases applying for repair of perineum and cervix will also present some rectal ulceration which may be sufficient to overthrow the entire nervous system, and the gynecologist should be as well prepared to treat the latter as the former.—*Med. and Surg. Bulletin.*

It is not a recently discovered fact that derangement of the urinary bladder and urethra may be caused by rectal irritation, and yet until recently how little practical use was made of that knowledge. We think that part of the trouble may be due to the neglect of many physicians to acquire the knowledge obtained by recent physiological discoveries. They are so busy with treating disease that they do not have time to review fundamental branches.

One thing leads to another. The most important statement in the clipping is in the last paragraph. Almost all the lacerated cases will have rectal trouble sufficient to overthrow the entire nervous system. If the entire nervous system may be overthrown by rectal ulceration, then it may be readily understood how any organ of the body will become diseased. It also follows, if this statement in the clipping be true, that a chronic disease of any part of the body will be more difficult to cure, and in some cases incurable, if rectal irritation be permitted to exist. If a diseased cervix uteri will cause rectal disease, the converse, as has been proven, is true; hence, the rectal disease must receive attention to cure the uterine. The fact is, all the organs are so dependent on one another that in chronic cases the physician should be careful to ascertain their condition before advising any course of treatment directed to one part of the body.

The correctness of the statement of the close vascular and nervous relation of these organs can easily be seen by a study of a correct anatomical chart. Why try to separate them in treating a case? As the relation is so intimate, an examination is manifestly incomplete if it does not cover all these organs. In the light of this close relation, the neglect to make such an examination in any chronic pelvic disease is deserving of criticism, but the fact is, notwithstanding the anatomical, physiological, and clinical reasons for making such a complete investigation, those who have done so have been held up to ridicule.

65. INFLAMMATION AND IRRITATION OF THE BLADDER.—REPORT OF A CASE.—By J. B. Kell, M.D., Linaville, Ohio.—Mr. L., educator by profession, age 35 years, of lymphatic temperament. For the past ten years had been constantly afflicted with a most aggravating disease of his urinary canal. After a rather superficial examination I found his trouble was limited mostly to the neck of the bladder, extending to the base of the bladder and also to the region superior to the bladder neck. One week following this examination I made a re-examination, using instruments appropriate to the case for diagnosis.

After the introduction of the cystoscope I was enabled to secure a very good view of the rugged and congested mucous membrane. Upon the least touch of the surface with the instrument minute stellar hemorrhage generally followed, showing the marked degree of inflammatory action then present. For two years the urine had presented a ropy appearance, and invariably a deposit of pus corpuscles resulted when allowed to stand in a glass vessel for some hours. Intense, excruciating pain always attended an attempt at micturition, sometimes it being so severe as to excite the constrictor muscles of the neck to an involuntary contraction, suddenly checking completely the flow.

This poor fellow had been, during the past eight years, literally running the country over in search of a permanent relief and cure. He had been treated by prominent physicians of Cleveland, Columbus, Cincinnati and Indianapolis, usually rotating from "quack" and "pretender" to "regular," and from "regular" back again to "pretender" and "quack," until completely discouraged and despondent, believing truly that for him there was not to be found any "balm in Gilead," he came home expecting to die. During all this long period of suffering he constantly lost flesh, so that when I first saw him he had become reduced in adipose from 182 to 133 pounds; with this of course, there was a complete loss of appetite, and an apparent general derangement of the gastro-intestinal tract.

I had read in some journals the experiences of different practitioners with the use of Sanmetto in bladder diseases, and I decided to use a bottle upon him. The effect at once began to exert itself upon the gastric organ and its secretion, because the first change was an increase of appetite, until he became almost ravenous. Then followed a rapid decrease in the number of times he was forced to rise during the night to void urine—from six to ten times to but one, two, and very seldom three times. The same effect was present during the day. With the reduction in the number of times he was obliged to pass water was a corresponding decrease in the intensity and degree, both in quantity and quality, of pain. This, from being of a burning and scalding nature, gradually became so much less in degree of intensity that he complained very little of it whatever.

Since then the improvement has so increased that virtually I consider him a permanently cured man. Examination with the cystoscope reveals now an entirely different condition of affairs. The mucous membrane, instead of retaining the deep red, heavily congested appearance, and bleeding at the lightest touch, presents now a much lighter appearance, resembling the ordinary pink celluloid, which in appearance approaches the nearest to that of the normal mucous membrane of anything I can think of at present. The swollen and rugged condition is absent, presenting the smooth surface at the base with the usual rouge found around the neck of the bladder.

This report of a chronic case shows the effect of a remedy better than the report of an acute case, for in the former nature is usually able to do the most of the work; in the latter it has failed and must receive assistance or a cure will not be made.

The physician who benefits a patient having the trouble of the nature and duration of the patient described in the clipping is skillful and the measures used effective.

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## TERMINAL NERVES OF THE SYMPATHETIC AND THEIR TROUBLES AS A FACTOR IN PELVIC IN- FLAMMATION AND OTHER DIS- ORDERS OF WOMEN.\*



The physiological world has long been deeply concerned about the two nervous systems, the cerebro-spinal and sympathetic, and interest in the subject is increasing. Many problems in connection with the study still remain unsolved, and yet there is much knowledge upon the subject which is now well established. In a general analysis of our human organization no one will question that it possesses a conscious and an unconscious part. The conscious part is perpetually in evidence, sensing in manners peculiar to itself its surrounding panorama of other existences and conditions

and directing the activities of the body so far as it can control them accordingly. No one can question the fact that the physical habitation of the conscious human being is the cerebro-spinal system, which consists of the brain, spinal cord, and their afferent and efferent nerves. But there is also, as everyone knows, an unconscious or sub-conscious

\*Read at American Institute of Homeopathy, Atlantic City, June, 1899.

part of us, whose earthly abiding place is unquestionably in the sympathetic system of nerves, which consists of ganglia of gray matter and of afferent and efferent nervous cords connected therewith.

Our conscious selves are more or less intelligent and rational; our unconscious selves are automatic and more or less mechanical in their activities. Between these two forms of us there is a very close relationship, whether viewed physically or physiologically. And yet, while they have much in common, each has spheres of operation perfectly independent of the other. It is perfectly natural that the conscious part of us and its earthly house, the cerebro-spinal system, should have monopolized the lion's share of attention and consideration in the deliberations of medical men, for by nature it is conspicuous and self-assertive, and how we feel or sense ourselves to be, is easily taken to be synonymous with how we are. For in this world of signs, appearances are perpetually parading themselves as realities.

But our unconscious part, whose physical lodging-place is the sympathetic nerve, is, especially of late years, assuming its proper position of importance because we now realize how much it has to do with the formation of our physical history. The sympathetic nerve as a factor in health and in disease is now beginning to receive scientific consideration in the etiology and treatment of all the various forms of deviations from health to which physical man is prone.

There is a book recently published by Dr. Byron Robinson of Chicago upon the sympathetic nerve. The book is called "The Abdominal Brain and Automatic Visceral Ganglia." Permit me to quote briefly from a page of this book a few sentences bearing upon the mutual relationships and functions of the two nervous systems. On page 8 Dr. Robinson states that "The cerebro-spinal nerves together perform the animal functions which prove us to be feeling and thinking and willing beings." That is, the physical products of cerebro-spinal activity are purely conscious products. We think, we feel, we decide, we will, and then we become. It is quite evident from this that all products of our conscious living not only require correction when they become unsatisfactory, but that radical work involves education as well, for habits of thought and feeling can be corrected by education and by education only, here being unquestionably the legitimate field for suggestive therapeutics.

Immediately following the sentence quoted occurs the following paragraph: "The ganglionic system of nerves, with the abdominal brain as their central organ, performs the vital functions which are independent of mind and present to us the idea of life. The sympathetic system of nerves presides over the viscera—over secretion, nutrition,

gestation, expulsion, respiration, and circulation—over sub-conscious phenomena." In other words, growth and repair are all dominated by the sympathetic nerve. To a disturbed and inadequate supply of nerve force must all deviations from the health standard be attributed, and to this same power must all remedial measures for their effectiveness appeal.

As Dr. Robinson's position is merely that which is universally recognized by all prominent anatomists and physiologists, it certainly behooves us as physical tinkers of this watch of time, the human body, to bear in mind the construction of its machinery, and in inaugurating curative measures have due respect to the waste and repair of the sympathetic nerve.

The existence of pelvic pathology, in common with physical disorders of the general system wherever located, implies, therefore, a deranged, depleted, or otherwise disturbed sympathetic nerve force. Our work of physical adjustment and relief is consequently incomplete unless the sympathetic disturbances which were their first cause be sought for and corrected as far as possible.

With this fact in mind, let us briefly consider the waste and repair of sympathetic nerve. First, the waste. Sympathetic nerve force is usually wasted or its rhythm disturbed in either one of three ways: First, by undue terminal nerve impingement; second, by excessive and unremitting demands upon the sympathetic nerve supply to the involuntary muscles; third, by impingement or undue pressure of the sympathetic nerve trunks themselves.

First: Undue terminal nerve impingement. In considering this point, it is well to remember that the sympathetic nerve supplies an apparatus, not by a single nerve trunk, but by a pencil of nerves proceeding from a common source, and that impingement of any one of the terminal nerve fibres, by disorganizing the sympathetic harmony at the nerve center, can throw into disordered operation any or all of the other fibres proceeding from the same source.

Gynecologists will be specially interested in the pencil of nerves which supplies the pelvic organs of women. From the same nerve centers plexuses of the sympathetic pass to the ovaries, to the fallopian tubes, to the uterus, to the vagina, to the vulva, to the bladder, to the urethra, to the clitoris, and to the rectum, thus associating all these parts in close sympathetic relation.

Impingement of the terminal nerve fibres which pass to the ovaries may take place in either of two ways: First, cicatricial contraction of roughened apertures occasioned by the discharge of the ovum in the tunic of the ovary. Most of the scars thus produced are harmless, but

occasionally the margins of the wound do not heal symmetrically and the consequent impingement and strangulation of tissue ensues. It is not at all uncommon to encounter spots of hardened cicatricial tissue in one or more places upon one or both ovaries.

Second: The impingement of terminal nerve fibres supplying the ovaries occurs when ovaries are imbedded in inflammatory products. These inflammatory products are cicatricial formations and like other scars contract with increasing grip as the months and years go by. Atrophy of the involved ovary ensues, but so long as its terminal nerve fibres are not completely destroyed their incarceration in the steadily tightening vice of cicatricial tissue is a prolific source of sympathetic nerve waste, although almost universally overlooked and ignored. Ovarian tumors in themselves are not seriously detrimental to health, but cicatrix-entangled, and consequently pinched ovaries are conditions of more serious import.

Sympathetic plexuses supplying the fallopian tube may be disturbed in their functions by inflammatory adhesions between the fimbriæ at the other extremity of the tube. It is not uncommon to encounter tubes that have been entirely closed at their outer extremity by inflammatory processes, and impingement of terminal nerve fibres of the sympathetic ensue as a consequence. Congestion and inflammation of the lining of the tube, and also pyosalpinx, frequently press unduly upon the nervous filaments distributed upon the surface of the membrane lining the tube. The uterine orifice of the fallopian tube may become excoriated and the terminal nerve fibres distributed to this point may be unduly squeezed by prolonged contraction of the muscular fibres which surround it.

Impingement of terminal nerve fibres of the sympathetic supplying the lining of the uterus may be occasioned by clonic uterine contractions induced by corporeal endometritis and by intrauterine and intramural fibroids. But the greatest nerve center of the uterus, and the one most liable to injury, is the internal os, which is formed by circular fibres belonging to the body of the uterus. Flexions of the uterus have their bend at this point, and in this way impinge terminal fibres, and this being the narrowest point of the uterine cavity it suffers most in cases of endometritis, and is apt to escape the attention of the gynecologist because of its concealed position. But stenosis, partial or complete, of the internal os uteri is a common source of sympathetic nerve waste in women and more prolific of mischief than is credited to it.

The terminal nerve fibres of the sympathetic plexuses supplying the cervix uteri are liable to suffer impingement in two ways. First, by

stenosis, and second, in cases of prolapsus uteri by impingement against the perineum.

Impingement of the vaginal nerves occurs most frequently at the two extremities of the vagina. In cases of vaginismus the nerves supplying the entire length of the vagina are involved. An excoriating leucorrhœa confined to the upper part of the vagina is a frequent occurrence. The mucous membrane ultimately becomes denuded of its epithelial layer and the vaginal sulcus surrounding the cervix in the course of time becomes completely obliterated by the adhesions of the vagina to the outer surfaces of the cervix. The cervix no longer protrudes into the vagina, and upon examination seems to entirely disappear. The adhesions of these surfaces, however, produce unremitting impingement of terminal nerve fibres, and of course are depleting and mischievous. In the older text-books it is common to meet with descriptions of uterine conditions in elderly ladies in which the cervix is referred to as having been completely absorbed. The large majority of cases are undoubtedly those in which the upper part of the vagina has first become excoriated and afterward adhered to the cervix, so that while the cervix in reality is of customary length it nevertheless seems to have disappeared from the vaginal canal. This condition is always harmful, and yet is seldom deemed worthy of mention by practical gynecologists.

Impingement of the terminal nerve fibres of the sympathetic at the lower end of the vagina is of frequent occurrence in young women and girls, being due to muscular contractions at the os vaginæ induced by irritable conditions of the hymen.

Terminal nerve fibres distributed to the lining of the bladder are seldom disturbed except in cases of calculi or of cystitis, and when tumors press upon the bladder.

Terminal nerve fibres of the sympathetic supplying the mucous membrane lining the female urethra seldom suffer impingement except at their extremities. Excoriations of the os vesicæ serve to induce it at the upper end of the urethra by reason of the undue tension of the sphincter vesicæ. Carunculæ and hypertrophied papillary and glandular growths about the orifice of the urethra frequently occasion terminal nerve impingement at the lower opening of the urethra.

The plexuses of sympathetic nerve fibres supplying the clitoris and its hood are more numerous in proportion to the size of the organ than those supplying any other organ in the body. Adhesion of the hood of the clitoris to the clitoris induces impingement of the terminal nerve fibres of the sympathetic supplying this part because the clitoris is constructed of erectile tissue, and as it fluctuates in size it pulls and



presses upon the adhesions spasmodically and irregularly. And as such adhesions tend to undue sensitiveness and excitability of the part they are exceedingly prone to seriously disturb a normal sexual rhythm and are a prolific source of over-sensitiveness and its attendant train of unhappy consequences in all the other parts of the female sexual apparatus and also of the rectum.

The terminal nerve fibres of the rectum suffer impingement in either hyperesthetic or anesthetic conditions of its mucous lining. In hyperesthetic conditions the entire mucous membrane is unduly pinched by excessive and continuous squeezing of its muscular coat, which is excited to over-activity as a result of the nerves supplying the mucous lining, and in an anesthetic condition of these nerves their terminals are more or less constantly impinged upon by the presence of large masses of fecal matter which the insensibility of the mucous lining of the rectum permits to be retained. Prolapsed ovaries, fibroids growing from the posterior surface of the uterus and pressure from the fundus of the uterus itself in conditions of retroflexion and retroversion also compress the sympathetic terminals of the rectum by holding the walls of this tube in too snug a coaptation.

The terminal nerve fibres supplying the lowest inch of the rectum suffer impingement more frequently than those distributed to its upper part. This is because, first, it is the most dependent part of the rectum; second, it is the narrowest, most constricted part; third, in consequence of the first and second reasons it is the part most prone to congestion, to laceration, to excoriation, to bruises, to pathological products of various kinds; and fourth and last, because the circular band of involuntary muscular fibres surrounding this part are more numerous and more powerful than in any other part of the rectum and consequently are capable of a severer impingement of the sympathetic terminals distributed to the mucous membrane lining it when, responsive to the automatic stimulus of the sympathetic nerve which supplies them as well as their lining, they are held in clonic spasm.

Such in brief are the various ways in which sympathetic nerve force can be wasted or disturbed by undue impingement of its terminal nerve fibres.

The second method of sympathetic nerve waste or disturbance is by excessive and unremitting demands upon the sympathetic nerve supply to involuntary muscles. The sympathetic nervous system, like the cerebro-spinal, has its afferent and efferent nerves. Its afferent nerves, which correspond to the sensory fibres of the cerebro-spinal system, are those which are employed for surface distribution, and these we have just considered. They merely convey messages from

periphery to center. The efferent nerves of the sympathetic correspond to the motor nerves of the cerebro-spinal, and are distributed to the involuntary muscles. There is a coat of involuntary muscular fibres surrounding the fallopian tubes, the uterus is constructed of involuntary muscular fibres, the vagina is surrounded by a coat of involuntary muscular fibres, the bladder and urethra are similarly provided, the blood vessels and lymphatics are wrapped by a coat of involuntary muscular fibres, as is also the rectum. It costs steam to run an engine, it costs electric force to telephone or telegraph, or to heat or to light, and it taxes nervous centers to induce muscular action.

The voluntary muscles are supplied by the cerebro-spinal system, and their constant activity during waking hours is so exhausting as to demand that a third of our time shall be spent in sleep for recuperative purposes. The action of the involuntary muscles, however, is presided over not by the cerebro-spinal, but by the sympathetic nerve. And so essential to our existence is its continuous and rhythmic operation that this system is never permitted to be off duty from the beginning of life to its close. For legitimate muscular activity on the part of the involuntary muscular fibres the sympathetic nerve force is ample for a century run. But if in response to afferent disturbance the efferent or draining forces are unduly taxed, sympathetic exhaustion supervenes, and if continued is followed by its long train of first congestion, then disturbed function and imperfect renewal of bodily tissues, then retarded removal of debris, and finally the establishment of every possible variety of pathology, after which comes premature bodily dissolution.

The operation of the sympathetic nerve is rhythmic and automatic. Activity of afferent nerves involves activity of efferent nerves. That is, a disturbance of any surface supplied by sympathetic nerve fibres invariably induces muscular activity of the involuntary type at some associated part. If the irritation be transitory in its nature the stimulated muscular activity will be likewise transitory in its operation. But if it be of a chronic nature the muscular activity will be correspondingly prolonged. In this way does terminal nerve irritation induce sympathetic exhaustion, not only by impingement, but also by unremitting demands upon the sympathetic nerve supply to the involved muscles.

The third way in which sympathetic nerve force is wasted, as mentioned, is by impingement or undue pressure of the sympathetic nerve trunks themselves. Such impingement may be occasioned by misplaced organs, by tumors, or by deep lacerations and subsequent cicatricial formations involving nerve trunks in their grasp. Retro-

flexion and retroversion of the uterus injure not only the terminal nerve fibres of the sympathetic, which are distributed to the lining of the rectum, but also the large bundles of plexuses surrounding the rectum itself, and lying between the rectum and the sacrum. The same is true when enlarged prolapsed ovaries, fibroid growths, accumulations of pus or serous fluid are lodged in Douglas cul-de-sac. In prolapsus of the rectum, in cystocele, in rectocele, and in procidentia the sympathetic exhaustion which ensues is due to the excessive tension upon the nerve trunks of the sympathetic.

In these various ways is the strength of the gentler sex unobtrusively, because unconsciously, sapped. The sympathetic nerve speaks not to womankind except in the language of function, and appeals to her consciousness only as disturbed functions or their pathological sequences obtrude themselves upon the attention of her cerebro-spinal organization. But if the self-consciousness of a woman is not appealed to, her vital force can be spent unobtrusively until death ensues as a consequence and the real cause of her premature departure may completely escape detection. So much for the sympathetic nerve waste.

The repair of the sympathetic nerve needs but little attention if its waste be stopped. Local feeding of accessible parts governed by sympathetic nerves, electricity, massage, internal and external medication are all of remedial value, and above all are regular and helpful automatic habits essential to sympathetic vigor. When women come to us for medical advice they have become aware of some form of physical or mental derangement, and they are seeking relief from some conscious distress. But in reality every trouble which they suffer, whatever form their complaint may take on, has its real beginning in a silent, unconscious, yet nevertheless actual distress and embarrassment of the sympathetic nerve. We must remember that the sympathetic nerve force controls the circulation, nutrition, function and repair of each and all of the organs of the female pelvis, and these have no other reliable and continuous source of nerve supply. When its rhythm and harmonious operations are undisturbed by undue impingement of its terminals or plexuses, or by exhaustion from exorbitant demands made by undue and prolonged tension of involuntary muscular fibres, there is sufficient vitality or reactive power to ward off disease and maintain health in any and all of the pelvic organs. But to embarrass or in any way disarrange the vital power which denominates the pelvic conditions of woman is to inaugurate serious pathological transformations which invariably have their beginnings in disturbed functions and congestions, and in due time passes on to inflammations, abscesses, tumors, cancers, and every other possible variety of pathological crystallization.

Thus do the consuming fires of the female pelvis, whose ashes take on different shapes and are known to us by different names, and which have been so ably considered by the papers and discussions of the present meeting, have their incipency in sympathetic nerve waste. Let us by all means make women comfortable. But while we remove her tumors, evacuate her abscesses, allay her inflammations, and correct her displacements, let us at the same time bear in mind that our pelvic work to be effective, complete, permanent, satisfactory, rational, must also include all possible considerations relating to the waste and repair of the sympathetic nerve.

E. H. PRATT.

## SOME OF OUR EXPERIENCES WITH THE FIRST ILLINOIS VOLUNTEERS.

C. B. WALLS, M.D.

Assistant Surgeon First Illinois Volunteers.

CHICAGO.

*(Continued from July number.)*

The medical officers spent a pleasant evening with other surgeons in same brigade discussing medical and sanitary points of mutual interest. These meetings would have been continued weekly but for the fact of our frequent change from one brigade to another or change of division. As to our medical duties, these changes made no difference to them, but they made this point clear, that the changes occurred so frequently that no arrangements could be made for the continuance of such gatherings.

The friends of the regiment continued sending various supplies for the sick and well—cordials, wines, blackberry brandy, some medical supplies, sheets, pillows, pillowcases, towels, underwear, pajamas, etc., etc., as would be necessary for a hospital. There were pipes, tobacco, and chewing gum for the well. It is needless to further enumerate our greatly increased hospital supplies, and when we were ordered to prepare for transportation we had four (4) large boxes 36 inches wide and deep and 52 inches long. These were filled with supplies suitable for sick men. This is in addition to the supplies furnished us by the Government and such of similar goods as might be used on the transports en route from Tampa to Cuba. Such, in a general way, was our sick supplies when we left Port Tampa June 30th for Santiago.

The Government furnishes the enlisted men of the command with sixty days' rations, and the officers had to secure food to last them an equal length of time, so each one was assessed something like \$25 for

this purpose. These goods were all placed on headquarters transport "City of Macon." The regiment was too large to go in any of the smaller transports, so it was divided between the one named and her sister vessel, "Gate City." The last named was the one on which the writer went with 610 officers and men.

During our sojourn on the transport there was little occurred of a medical nature. Cases of diarrhea, dysentery and malaria would crop out, and a number of recruits who joined the regiment before we left Tampa were vaccinated on the way to Key West, where we lay three days. While here a number of enlisted men and officers went ashore to secure some extra provisions to make their mess more varied.

Our expedition to Santiago consisted of six vessels: (1) Hudson, (2) City of Macon, (3) Unionist, (4) Specialist, (5) Gate City, (6) Comanche, and our convoys were Machias, Wilmington, and Layden. The Yankee had been assigned also, and was to have been our flagship, but the evening before leaving Key West some cases of yellow fever developed, and she left at once for the north. The Machias became our flagship and went ahead of the expedition, the Wilmington on our right and Layden on left. The transports formed into two columns. Orders called for these columns being 600 yards apart and those following others to maintain a distance of 500 yards apart. We started the morning of July 5th and had implicit orders that no lights must be shown at night. As a consequence the writer had much difficulty in piloting around, for the men lay everywhere—on deck, 'atween decks, over cabins, etc. About 4 o'clock every morning some rain fell, and those men who were exposed made a noisy scramble for shelter, the noise they caused awaking every one.

Our evenings were spent in amusement, some singing, telling yarns, reading from Kipling or Conan Doyle. While so engaged the evening of July 6th the moon was hidden behind clouds. Far to our stern could be seen a steamer. She continued in our wake and gradually gained on us. Then there was some excitement aboard, for some one started the rumor that we about to be attacked. Those who knew the expedition's programme understood that when an enemy appeared all the transports were to make for a given point with all speed and wait there, while our convoy were to engage the enemy. However, the excitement kept up for an hour, until it was made out to be our flagship, the Machias, which had fallen behind when we were in the "narrows," in case of an attack from the rear—our weak point. On the 7th the "first-aid" packages were given out to the companies, each man to place his package in his pocket. This day was rough and we had many men sick and few officers at mess. About 2 o'clock a. m. of the 8th a gun was fired.

which brought every man on deck (not in "full dress") to learn that we were to change our course. Afternoon of Sunday we rode at anchor off Guantanamo Bay, a dumbbell-shaped piece of water inclosed among hills. Our flagship left us, passing within the harbor, where we could see many large vessels and some United States war vessels. About 7 p. m. the Machias came out and signaled the expedition to proceed slowly, but we really drifted all night, and at 6 a. m. we were off the mouth of the famous bottle, the entrance to harbor of Santiago. While the men were at mess they received the first foretaste of war when some seven mutilated bodies floated past the vessel. The sight was sufficient to stop further proceedings for breakfast. Judging from the clothing on these bodies they were evidently man-o'-war's men. From those seen by the writer, he should say they had been in the water six or seven days from their bloated condition. We steamed into a recess of the beautiful olive-green hills. This recess was called Siboney, where there were a number of empty transports, several United States war vessels, United States hospital ship "Solace," and the Red Cross Society vessel "State of Texas." There were several Associated Press dispatch boats, one of these, the "Dandy," came alongside, threw some fruit and relics aboard, and gave us the news, for up to this time since leaving Tampa we did not know about anything that happened in Cuba or elsewhere. Hence we got some information that astonished us, viz.: "Santiago has not fallen"; Cervera's fleet had been sent to h—, but he himself was aboard the New York," "One shot from this vessel pierced the stern of the Cristobal Colon and came out at her bow, killing 120 men in its passage." "There were 1,900 American casualties, but for each of these there were twenty-five Spaniards!" When there was breathing space the cheering was simply deafening. Such is a fair sample of the rot we were supplied with; some true, much more otherwise.

We anchored in seventy-five fathoms of water. Part of the regiment was unloaded the same day, remainder Sunday, July 10th. This unloading was a precarious undertaking, for the transports were about half a mile from shore and the men were equipped with rations and 100 rounds of ammunition, arms, and stepped from transport into rowboats, and thence towed by a steam launch to beach. These rowboats held from twelve to eighteen men. Our horses, officers, food, medicines, and hospital supplies, malted milk, etc., were left aboard the transports, and we were ordered forward to the front. The horses were dumped into the sea and guided by a rowboat and line to the shore. Orders had been given before the writer went ashore for each man to carry "sufficient rations." At 5 p. m. we left Siboney for the front, while a

light "Cuban rain" fell soon after we started. The medical officers saw samples of the Cuban crop of humanity, lots of rachitic, pot-bellied children, from infants in arms to 9 or 10 years, nude. Parents and offspring had some green mangoes and half-ripe cocoanuts to chew on.

Our march that night was to General Shafter's headquarters. The roads were rough, the night dark, occasionally some one would fall over a rock or a tree root, and fording a stream of unknown depth, our steps were as uncertain as our first incisions on the cadaver—made with some hesitancy. Now and again we would hear cannon in the distance. We met several army wagons taking wounded forward and occasionally a few soldiers going to Siboney for mail, from whom we obtained various reports how things were going on up in front. Now and then we made a halt to enable the rear to close up. As we advanced the sounds of cannonading became more distinct. Then some one said, "We are now up against the real thing." Then vows of fealty were made by the way, with directions about this or that, or "some one" to be remembered, and when we got near headquarters the 34th Michigan Volunteers supplied light and gave information where water could be obtained, etc. We bivouacked that night alongside the 34th Michigan. Got up next morning at 4 a. m., very wet; no one can imagine what a Cuban dew is without experiencing it, for it will not only wet clothing exposed to it, but clothing, etc., within a closed tent would be wet, only not quite so much as that openly exposed. After a hasty breakfast we started for the front at 5:30 a. m., with Captain Brice (son of Senator Brice) as our guide. He pointed out various landmarks of American advances, strong points of resistance, who was fighting, where so-and-so fell, where Dr. Harry Danforth was wounded, etc. Here and there along the roadside we saw graves which had been recently made, with a piece of cracker box for a "tombstone," telling the simple story of — of company — of — regiment, killed July —, 1898. Clothing, etc., strewn along the road, a pile of Mauser ammunition here, some Krag-Jorgensons there, and buzzards everywhere, thus indicating the presence of animal matter, for these creatures are carnivorous. By and by we reached "bloody angle" or "hell's road," an open part of the road near San Juan Hill, adjacent to edge of river, from which that famous charge on San Juan was made July 1st, in which there were 800 casualties. Of this number twelve officers and eighty-seven men died from wounds received. This great carnage will indicate the wholesale slaughter which took place at this point.

Passing from this point to Gen. Lawton's headquarters, we crossed the knoll of a hill, but we stooped low to permit the mauser bullets to pass, for they were unnecessarily near, and as yet we were not accli-

mated to their "ping," "ping," or whistling sound. On the way to Lawton's headquarters we met Kavanaugh, the *Record* newspaper boy, with a huge bundle of papers. He was riding one of those hardy Cuban ponies of variegated colors. Here and there along the way to the front we would be hailed as to where we came from, number of regiment, etc., receiving many warm greetings and occasional cheer. Soon after reaching headquarters we were assigned our position in the trenches, to relieve 7th, 12th and 17th United States regulars, whose forces were greatly diminished. To enable the surgeon of the 7th to go forward with his regiment sixty-five sick men were left in what was called a hospital, i. e., a number of branches and poles stuck into the ground, with crosspieces on top. On these were scattered a lot of thick foliage, palm leaves, etc. It was simply a shed or protection from the sun, but of no service in rain. These affairs were called "shacks." Dr. Roberts looked after these men until they were taken away in an ambulance, etc. Most of these cases were of a malarial nature and diarrhea, one typical case of scurvy on account of lack of vegetable food for six weeks. Some of the cases taken to the division hospital were diagnosed as yellow fever.

In the trenches on our right were the 1st District of Columbia volunteers and the Rough Riders on our left. The trenches proper were of a zigzag nature, conforming somewhat to the topography of our position. Soon after taking up our position in the trenches rain came on, at first a light dew, gradually increasing in severity until it was a down-pour. This rain continued through the afternoon, evening and all night. Before evening mess (supper) it was realized that we were short of provisions, and many of the men, for want of aught else, partook of unripe mangoes. During the afternoon men not on duty were occupied erecting their *dog tents* on the face of a precipitous hill, which soon came to be known as "slippery hill." Each enlisted man is provided with half a dog tent, which he carries while on the march, and when a camp site has been selected he and his comrade join their half tents together and pitch it. This tent is simply large enough for two. Should one be a little taller than six feet the extra will protrude beyond the end, and would thus be exposed to the elements. Some of the men omitted to trench around their tents. After a heavy rain their tents would be wet, and they would slip down the hill. Officers of our regiment had no tents, their tents having been left behind to follow. Most of us had hammocks, which were slung under and over various contrivances. Five or six of us used a tree for a support of one end of the hammock, the hammocks radiating as spokes of a wheel, the other end secured as best we could.



About 8 o'clock of our first evening in the trenches, the night quite dark and a heavy rain falling, a report reached us that some mysterious man had gone around the trenches and given some kind of medicine, which caused some anxiety for a little, because many of those who had taken this medicine were vomiting and felt "deathly sick." Investigation developed the fact that many of the men, having little or no food, got some unripe mangoes and partook of them. One of the hospital corps took upon himself, without instructions, to give those in the trenches some quinine to prevent the men from having malaria, etc. The quinine on top of the uncooked, unripe mangoes would disturb the digestion of a goat, far more the stomachs of the "dandy 1st." The hospital corps man was not promoted for his actions, but was returned to his company.

Our first night at the front was a severe one, owing to the continuous heavy rain. In the morning there was from six to eighteen inches of watery mud in the trenches. During the night the writer occupied a hammock with a rubber poncho to shed the rain, but the hammock was impervious, so that all the rain caught gravitated to the lowest point or lowest part of the body; thus one hip would get wet and would "turn the other also." Long before dawn the hammock was a wreck, and the writer walked around to keep up the circulation. Every now and again there was the "ping" of a mauser bullet passing over us, and some one of our men would fire off his Springfield, which would draw twenty or more shots in reply.

July 12th the whole command was out of food, the writer by mistake (?) had appropriated a box of hardtack, and some others had made a similar mistake (?) of other supplies, as much as would supply about a dozen of us for a day. This lack of food was not confined to our command. The 71st New York had no rations the previous day, and only half a day's rations for 11th, while the 1st District of Columbia and 1st Illinois had none and no promise of any. On evening of the 11th Col. Roosevelt learned of our lack of food. To-day he made inquiry at headquarters as to cause, without getting any satisfaction. He then rode to headquarters, about eight miles distant, where, as report had it afterward, "there was a hot time." A call was made for volunteers of five men from each company to go back to Siboney to bring back as much food as they could carry. Their trip was a big undertaking, for the heavy rains had changed mere springs into veritable streams, four or more feet deep, so that they in one or two instances took off their clothing to ford these streams and have the food dry. We left Siboney on foot, without any wagons, ambulances or mules, no cooking utensils had been carried for officers' mess. Each soldier had an indi-

vidual kit, so that the officers were in a sad plight. One came to headquarters to beg two old tomato, bean or beef cans to convert into cooking apparatus to make coffee, fry bacon, heat tomatoes, etc. This same officer would have scorned such a thought in Illinois, and his pathetic supplications were turned into joy when furnished with two old cans.

A rumor was current that Gen. Miles would arrive at Siboney to-day to hasten things. The heavy rain of yesterday and night had soaked everything and every one, and, while the day cleared up warm, it was about 6 in the evening before our clothes were dry.

July 13th, about 5:30 a. m., joyful news rang out from the bugler's horn. It was "issue call," one day's rations—hardtack, bacon and coffee—and within half an hour most of the command had beaming faces. That one meal had changed the whole aspect of things, and everyone was anxious to do something. Col. Roosevelt visited our camp and expressed himself very emphatically about "that — flag of truce business"; that if he had his way he would send them where there is no snow; that Spanish promises and agreements were as illusive as a slippery eel; that this lying around was a — — — poor piece of business, and there was but one way out of it—make them fight or shut up at once. He expressed what every man felt.

About noon a heavy rain came on, so that everyone was wet and appeared like so many drenched chickens—wet, shivering and little signs of ambition. A few soldiers were taking a tropical bath, simply undressed and standing in the rain, with their hats on; such was the picture when Gens. Miles, Shafter *et al.* passed through our camp to inspect the lines, but as soon as the regiment recognized the commanding general there was loud and prolonged cheering, irrespective of the depressing conditions. Soon after noon mess some of the officers' horses appeared. Most of the soldiers who had been assigned to the regimental band were clamoring to get back into line, so that they could get into the trenches; they were high irrepressible. The volunteers who went to Siboney for food came back to-day. Such a mud-splashed and wet crowd of men will be better imagined than described. They were thanked by the entire command, and many of the officers did so personally.

All is anxiety to-night, because of the "morrow," when the truce will expire at noon, and there are rumors current that we will have an attack made on our lines, and we are at nearest point of Spanish lines, except the 1st District of Columbia on our right, so that every man off duty will sleep with one eye open. A rustle of the leaves, movement of the long grass, or a soldier hurrying to the sinks was sufficient to have

dozens on their feet in a moment. About 2 a. m. a soldier in the trenches sick caused some commotion.

July 14th. The "flag of truce" ends to-day at noon. There is much suppressed excitement. Many of the men have written letters to friends at home, giving directions as to disposal of effects, entrusting such directions with chaplain, who would see to their being carried out in case of fatal results. Our sickness was practically *nil* for both 1st District of Columbia and 1st Illinois.

A site for dressing station was arranged, stewards and letter-carriers were assigned their respective duties, so that each one knew his position and duties in case of action. The medical officers inspected all the trenches occupied to our regiment, going along part of the 1st District of Columbia's lines until we were within 150 yards of the Spanish outposts. Men and officers in the trenches made earnest inquiry as to orders for firing, because explicit orders had been given previous day that under no circumstances must they fire on the enemy, no matter what the cause, nor must they respond to firing if indulged in by the Spanish. Orders to fire were only to be taken from the officer in command.

*(To be continued.)*

## WHY SO MANY NEURASTHENICS?

LAURA C. BRICKLEY, M.D.

CINCINNATI.

"If we mistake not, moreover, a certain quality of nervousness had become more or less manifest, even in so solid a specimen of Puritan descent as the gentleman now under discussion."—Hawthorne House of Seven Gables.

If such were the case in that day, is it any wonder the study of nervous diseases, that hydro-headed monster, becomes each year more necessary.

Let us name some of the chief causes, and then see if we can remedy them, even in the slightest degree.

Commencing at the school period, what do we find? Parents not satisfied with giving a child the first six years for its own development along the line of least resistance; that is, free from tasks both mental and physical, plenty of fresh air and sunshine, freedom for mind and body (all the time the child is learning more in a general way than it will in any twelve years of later life). Instead, what?

As soon as the little fellow is old enough to walk, not even old

enough to be trusted to find his way alone, he is imprisoned in some kindergarten—the bane of all the teachers upon whom he is to be inflicted ever after.

What good does he receive?

“Mental discipline” some may say. About as much as a Chinese puzzle.

He is defrauded of his rights by the confinement and mental “discipline” before he is ready for it.

When he enters the public school the screws are tightened once more.

The little ones are confined from 8:30 to 12, from 1:30 to 3:15. Who of us would thrive on that?

They learn, or are expected to learn, to read, write, count, draw, sing, and write compositions, illustrated. Physical culture comes in for a period of fifteen minutes each day.

Think of it for a minute!

Each successive year is added unto, when lo! after ten or twelve years of the cramming process called education, we have a class of graduates.

You have all witnessed the sad sight of the tall, lank, narrow-chested, bent-formed, pallid-faced, lackadaisical set.

But they are ready with their essays on every conceivable and inconceivable subject to enlighten the world.

Add to this four more years of college work, and what a picture.

They receive their degree of A.M., B.A., etc. Then what? Some one of us is compelled to sign a death certificate, or we send them north, east, south, or west, as the case may be, for some other physician to sign it, and what good has their education been to them, or how has it bettered humanity?

When not such total wrecks, what do we find?

On leaving school they enter society; come out, as it were, from nowhere into nothing. They forthwith use up what health remains in late hours and all forms of dissipation, and then get married.

Now the fire has added fuel, and to mother and father utterly unfit for the new duties imposed upon them there comes the natural sequence of such a misapplied and wasted career in a weak, nervous little innocent.

We think Herod's slaughter of the innocents something barbarous. What can be said of the murder of thousands of little ones who are born of such parents?

Here must be called a halt. Something must be done.

What and how are very perplexing questions to answer.

Weir Mitchell, who speaks as one having experienre and authority in such cases, says:

"I believe as concerns the future of our women they would be far better were they more tasked and the school hours but three or four a day until they reach the age of 17. Anything, indeed, would be better than the loss of health, and if it is a question of doubt, the school, unhesitatingly, should be abandoned, or its hours greatly lessened, as at least in part the source of very many of the nervous maladies of our women.

"Overwork of the brain is a serious evil to women at the age of womanly development, when the nervous system is sensitive and irritable, and at no other time is an abundant supply of fresh air and exercise so important. The American woman of to-day is perhaps of all civilized females the least qualified to undertake the weighty tasks which tax the nervous system of women. How few mothers are there to-day in the higher-educated class of women, who have rushed through college and played the devotee to fashion and society, who can nurse their offspring?"

Remedies: Less education that stunts body and mind.

A more symmetrical body and mind culture.

Less strain.

More freedom of thought and action.

Do not demand of sixty or a hundred children the same standard. If one cannot learn books he may make a fine mechanic.

Educate along the line of inclination and talent, always remembering to have a healthy mind in a healthy body.

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## SUPPURATIVE CYSTITIS.

G. E. COGSWELL, M.D.

WAUKEGAN, ILL.

Whether our successes or our failures are the most helpful; whether according to the law of suggestion we should only admit the good and ignore the evil; whether one should keep still if he has nothing to say, I know not. This much will be apparent to those who read this article. There will be little or nothing new; only the result of the slow plodding of a "country doctor" in a desperate encounter with a condition that is hard to combat under the most favorable circumstances. I make no plea that the treatment was scientific; it simply did the work.

Mr. L. L., aged 59. Mason by occupation, carrying on large contracts; strong, robust, inured to hard work and exposure, paying no

attention to the laws of health as regards diet, etc. He did not dissipate because he did not have time. He was one who regarded his body simply as a machine to do his bidding, hence he took no especial care of it. If it rained and he was not through with his work the rain did not stop him. He was the father of three children; had never known a day's sickness until three years before he came to see me. His trouble commenced with an irritation and pain in voiding the urine, which was thought to be due to a strain.

Examination of urine revealed no abnormal condition; he was treated with urethral injections, bougies, buchu, nitre, etc., without relief for two years when I first saw him.

At this time physical diagnosis was as follows: there was a long loose foreskin, small meatus, great tenderness the entire length of the urethra, and especially in the region of the prostate, which was much enlarged; enlargement and tenderness of the testicles and a hydrocele on the left side. The rectal sphincters were very tight and the last inch had as fine a crop of pockets and papillæ as I ever saw. There was a stricture at the sphincter of O'Beirne, at the entrance of the sigmoid, and a constipation—the bowels only moving when an injection of water was used.

Two or three years before he had been told of Dr. Hall's treatment by injections and had used them about twice a week, when there would be considerable mucus with the stools, which is not an uncommon thing where the injections have been used continuously for any length of time.

Examination of the urine showed no sugar, but some albumen, considerable pus and some blood. At this time there was constant pain with almost spasms at time of urinating, which was frequent, but little at a time, with burning, lancinating pains. It seemed to be an ideal case for orificial surgery, and accordingly he was given an anesthetic, and all-round work was done. He was circumcised after the most approved manner, the meatus was enlarged, the urethra dilated and the bladder was irrigated with hydrogen peroxide first, then with hydrastis and calendula 10 per cent, after which a solution of anti-phlogistine was used. The hydrocele was evacuated and the sac filled with iodine. The sphincters were dilated and the pockets and papillæ were removed by the modified American operation; the sigmoid dilated and washed out with a Cole's irrigator and curetted with a Cotton curette, afterward packed with wool and antiphlogistine.

The recovery from the operation was uneventful and the difficult micturition very much relieved. The prostate was somewhat reduced, the constipation almost entirely overcome and we were strong in the

hope that we had scored another victory for orificial surgery. But, alas! we were disappointed that the improvement in the urinary symptoms was but for a short time, as there were some symptoms of urinary calculus. The bladder was sounded again and again by no less than five different physicians, and not until some six months after the first operation was the presence of the stone discovered. During all this time such remedies as cantharis, merc. dulc., spigelia, onosmodium, nitre, phosphoric acid, apis and several more were tried, but no relief from any of them. When it was known there was stone in the bladder he was put on lithia tablets and Buffalo lithia water, pitchica, hydrangea, tritica, mitchella repens, phosphoric acid and the intraurethral electrical current was used—faradic, with a very long coil of thin, fine wire. Also gave static electricity, baths and irrigated the bladder with boracic acid and lithia water. The irrigation of the urethra increased the amount of mucus, and another very distressing symptom was that he could not void the urine—it was involuntary.

We decided to remove the stone, which we did by incision through the perineum, following the urethra into the bladder. The stone was small and easily crushed, but the bladder contained a large amount of villous growths, of which nearly four ounces were removed with a sharp curette. A drainage tube was placed in the wound and the bladder irrigated through it twice a day with antiphlogistine and boracic acid. He made a fairly rapid recovery, the wound closing the sixteenth day; but the urine was still involuntary and the quantity considerably increased to about forty or forty-five ounces in twenty-four hours. There was less pain in urinating, but still it was relieved only in part. There was no sugar in the urine, but some albumen and a large quantity of pus and blood. A cough, night sweats and rapid losing of flesh continued for four months after the second operation. The remedies used were arsenic, strychnia, digitalis, cuprum, mercauro and antitoxine.

May 2, 1898, he was taken with a cold from getting wet; it was ushered in with a chill and high temperature (104) and followed by delirium, involuntary micturition and almost spasms when the urine would pass. The quantity had now increased so that in twenty-four hours he would pass about six and one-half quarts, and for four days it averaged two and one-half gallons. The fever continued, temperature from 103 to 106, which point it reached on five different days; a chill and sweat almost every night; the heart's action very irregular when there was enough to tell whether there was any action at all. The remedies used were baptisia tinct., 15 to 25 drops every hour; Fowler's solution of arsenic twice a day with such other remedies as thuja, camphor, sulpho-carbolate of soda, phenic acid, ferrum phos., damiana,

stillingia sylvatica, gentian and macrotin. The bladder was still douched once or twice a week and on the five days that the temperature was so high (105 and 106) there were temperature baths of half an hour given and a normal salt solution of 6 to 12 ounces given hypodermically every day.

This condition continued until July 17th, when the temperature for the first time reached the normal point of 98.7-10 and the delirium subsided with a cessation of most of the other symptoms; but it did not last long. The next day, July 18th, 8 a. m., the temperature was 96; at 12 it was 95.6-10. I now used a large colon flushing of very warm milk and water. It was passed off and every two hours I gave him six ounces of hot milk with four drops of Fowler's solution for eight hours, when the temperature showed some improvement. Strychnia and digitalis had been given every four hours and a sponge bath of hot water and whisky.

From this on the recovery was rapid and not marked by any untoward symptom. The best part was that in four weeks the irritation of the bladder had entirely ceased, the quantity of urine reduced to thirty-eight ounces in twenty-four hours, the constipation and mucus stools were a thing of the past, and he had complete control of the bladder, voiding the urine every three or four hours. There is no mucus now and but slight tenderness of the prostate, and he is able to do as much work as any of his men.

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## REFLEX NERVOUS DISORDERS IN CHILDREN.\*

D. N. KINSMAN, A.M., M.D.

COLUMBUS O.

Reflex action is the conversion of sensation into motion without volition. There is sensation beneath the threshold of consciousness; this was shown long ago by Pflügers' experiment upon the frog from which he had removed the cerebral lobes,—by this he removed the centers for conscious perception of sensation.

The spinal cord and the medulla oblongata are the centers for reflex action. The brain inhibits reflex action through the pyramidal fasciculi which are the paths for voluntary impulses.

It is a matter of some interest to know how the brain and cord act in the production of voluntary motion.—Marie, page 24, *Maladies de la Moelle*, 1, says, "Is there not reason to ask if the function of the pyram-

\* From Columbus Medical Journal.



idal fasciculus is not one of inhibition analogous to that of the pneumogastric upon the heart—the gray substance of the cord would be a true motor machine, but always under pressure, always ready to functionate. The pyramidal fasciculus has for its mission, to act as check to this machine, to restrain its tempestuous and incessant action. If the will interferes to suspend the inhibitory action of the fibers of this fasciculus which correspond to centers of the gray substance proper, for the contraction of this or that muscle, immediately the muscle contracts for this or that movement.

“If this inhibitory action is permanently suspended as the result of the permanent destruction of the pyramidal fasciculus, the machine is deprived of its check and under the unrestrained action of the gray matter of the cord, the muscles fall into a state of permanent contraction.”

The fibers of the pyramidal fasciculus receive their myelinic sheaths at the end of the ninth month of intra-uterine life, and the differentiation of the function of the pyramidal fasciculus in the human being is much slower than in other animals, as shown by later walking.

Because the anatomical foundation for reflexes is unstable or undeveloped in infancy, disorders arise from causes which would be impotent in the adult. Muscular education consists in rendering stable the inhibitory power of the brain over the cord. We learn to walk, to speak, to write, by reducing the spinal reflexes to a systematic co-ordination, *i. e.*, to subjection to the impulses from the brain.

The infantile cord physiologically from its imperfect co-ordination, resembles that of the adult in whom the conduction of the pyramidal fasciculus has been impaired. This impaired conduction is shown by impaired locomotion, speech, and writing. Even when the higher centers are intact, the impulses from these centers do not reach the reflex arch in their normal intensity or frequency, and disorders result.

It has long been observed that a child who grasps a hot poker is more severely burned than an adult, because the child can not inhibit its muscular act as suddenly as an adult, *i. e.*, the spinal reflex can not be overcome so readily because the pyramidal fasciculus is not yet developed nor yet trained by experience.

Blisters and other cutaneous traumatisms cause convulsions in children,—they are a common symptom in infectious diseases. They rarely occur in adults. By reason of unchecked spinal reflexes: A phimosis in childhood causes eclampsia and even lays the foundation for an epilepsy. Convulsions are not unfrequent during the process of dentition,—when the gums have been badly treated,—due to spinal reflexes not sufficiently inhibited. Nervous irritations of minor importance as far as danger to life is concerned, lay the foundation for “habit neuroses.”

They are muscular disorders which persist after the sensory factor of the reflex has been relieved. They consist of blinkings of the eyes, unconscious wrinklins of the forehead, and other facial contortions, involuntary turnings of the head, shruggings of the shoulders, snuffings, hackings, and clearing of the throat. They appear in the young and not unfrequently are carried on into adult life. These are the vestiges of a long-continued vicious reflex,—the sensory factor has ceased, the muscular survives,—they have become ingrained in the organism. The only treatment of any avail is the persistent voluntary inhibition of the tendency to the act.

We have observed that these vicious reflexes are rhythmic as well as unconscious. The normal reflexes are sometimes abnormally heightened.

Some years ago we saw, with a fellow practitioner, a child a year old who was breathing 120 times a minute. There was no fever, cyanosis, cough or lung symptom to account for this explosion. The case was promptly and permanently relieved by opium, which was given to depress the medullary respiratory center. The sensory factor of the reflex was not recognized. I saw many years ago a baby but four days old who coughed incessantly for hours with every expiration. This was promptly relieved with a few drops of red pepper tea given by the mouth,—it acted by strong inhibition in a neighboring sensory field, as pinching the lips inhibits a desire to sneeze.

These are a few examples of reflex disorders in which the spinal nerves constituted the arc. There is another class of reflex disorders which arise from an irritation which falls upon the terminal branches of the splanchnic nerves.

At this point an anatomical diversion will be necessary. The spinal nerves are divided into somatic and visceral or splanchnic. The first supply the bones, skin, and muscles; the second group of nerves supply the blood vessels and the internal viscera, such as the heart, lungs, stomach, and bowels.

The spinal nerves which go to the abdominal cavity enter the ganglia of the sympathetic system, then lose their medullary sheath, and further conduction appears to be transmitted by fibers of the ganglionic cells. Certain it is that, whereas, in health the somatic nerves respond to tactile, thermic and muscular stimulus at once and enable us to localize the sensory impression, we are practically ignorant of the location of our internal viscera when in health, and even in disease we cannot localize pain except when it is superficial—when it is done by the somatic nerves which are involved. Thermic sensation is limited to the perception of cold. Intense heat is recognized in the stomach and

intestines as pain. The visceral spinal nerves pass out of the spinal cord with the cervical plexus at the second dorsal and from the tenth dorsal to the last lumbar root, in large numbers. From the intervening spaces the fibers are less numerous. These spinal fibers end, as said before, in the ganglia of the sympathetic nerve.

These nervous structures are subject to irritations from external as well as internal influences. These are translated by vaso-motor phenomena, muscular paralysis and spasms in the hollow organs. As symptomatic results we have, congestions, anemias, neurotic manifestations, fluxes or arrest of discharges, cramps and colics, and great variations of temperature. Infections, poisons and irritating substances in the stomach and intestines produce their worst effects on the organism through the visceral nerves.

Long ago it was proven if you bound a rubber coil to the abdomen of a dog and allowed hot water to flow through it for a time, a flux from the bowels would follow as a result of paralysis of the splanchnic nerves. We have congestion of the blood vessels of the mucous membrane of the intestines, transudation and rapid expulsion of the contents of the bowels.

Rindfleisch said years ago: "An ordinary diarrhea depends upon a serous transudation in the region of the small intestine. The blood serum with albumin and salts has passed from the vessels of the villi directly to the surface and is carried down the intestines by strong peristaltic movements so rapidly that the resorption in the large intestine cannot keep pace with it." In this way we may account for some violent diarrheas in children during very hot weather, wherein infection or irritation plays a subordinate rôle. Heat is the efficient cause acting through the splanchnic nerves. Infections act from within the intestines, the poisons of the bacterial flora are absorbed, then paralysis, congestions and fluxes follow. Irritating ingesta stimulate peristalsis, because the vessels enter the bowel obliquely, peristalsis by constricting the bowels hinders the outflow of the blood, and the result is transudation and diarrhea. When the villi have been denuded the morbid process is continued by agencies otherwise harmless.

Colics may occur as the result of irritation not strong enough to cause the great disturbances mentioned, but are sufficient to cause local spasms from reflex action. In peritonitis, as the result of infection, we may and almost always have such enormous congestion of the mesenteric vessels from vaso-motor paralysis that the arterial pulse is small, hard, contracted and frequent. Lead inhibits the peristalsis in plumbic poisoning. Worms which act not only by their presence, but also by an irritating matter secreted by their integument, grape seeds, cherry stones

and old pop-corn balls have, in my experience, excited reflexes shown by unconsciousness, strabismus, dilatation of the pupils, and ocular muscular disturbances, so prolonged, as to lead to a serious doubt as to whether I was not dealing with a case of meningitis. And I have seen the whole scene cleared as by magic by a cathartic. One point to be remembered is that while the site of irritation which causes the reflex disturbance can usually be located, at least approximately, in the somatic nerve fibers, an irritation of the visceral fibers may act at a great distance. As in the cases where the ocular nerves are involved from abdominal irritations. Grinding teeth, starting in sleep and sleeping with half-open eyes have their causes not unfrequently in the stomach and bowels. "Night terrors" are reflex neuroses. They, as far as my experience goes, occur in bright, active-minded children who are inclined to romance; that is, they hold long conversations during their play with imaginary characters. I know that in some of my cases the pupils were dilated and did not contract upon exposure to a candle. I think this was caused by an active stimulation of the sympathetic nerve supplying the pupils, due to some irritation of the sympathetic nerves in the abdomen. I have been led to this conclusion because I have known light suppers and judicious use of cathartics to be followed by relief from their occurrence. The mental condition is similar to somnambulism. The irritation did not rise in consciousness sufficiently to wake the patient and the attention was fixed by an hallucination. The cerebral affection was projected and was pleasant or frightful accordingly.

Treatment consists in removing the cause or depressing the functions of the reflex arc.

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## THE HYGIENE AND MANAGEMENT OF OLD AGE.\*

J. M. TAYLOR, M.D.

CRAWFORDSVILLE, IND.

"The days of our years are three score years and ten; and if by reason of strength, they be four score years, yet is their strength labor and sorrow, for it is soon cut off and we fly away."

So spoke the psalmist David, and for centuries the Christian world has held to the belief that the utterance was inspired by the Deity, who had fixed this limit to human life, allowing, in a few instances, this natural limit to be exceeded, but with an added heritage of labor and sorrow as a penalty.

\* Read at Indiana State Meeting, Indianapolis, May, 1899.

Now the clergy have a way of making the teachings of Holy Writ compatible with observed fact, where they seem to disagree. Thus some statements are to be taken as figurative, and in some others the inspired writer speaks not under direct inspiration, but as a man—after the manner of the great Apostles of the Gentiles. May I, then, not escape the charge of heresy, if I say that the sweet singer spoke of men of his own day, and in accordance with his own observations, and meant not to declare a limit to human life for all time to come?

Statistics show that longevity is increasing, and our daily observations confirm the report. I know a score who have passed the eightieth milestone on life's journey, and are still jogging along—not, indeed, at the same speed with which they passed the fortieth one, and not without some halting and other evidences of wearied feet, but nevertheless, with a vigor that promises a continuance for some time yet. I have known a half score (some of whom yet continue) who have passed the ninetieth one; and three that passed the hundredth—one reaching the one hundred and fourth, and another who reached the one hundred and fourteenth. We frequently see in the public press an announcement of the death of some nonagenarian, or centenarian, and with some frequency, a "local" that states that "———, familiarly known as Uncle Billy or Aunt Mary, has reached the good old age of ———" (not less than ninety), "and is in fairly good health," etc.

The factors that have wrought in raising the average of human life, and in increasing longevity, are a wider and deeper knowledge of the laws of health, better food and more of it, better houses, with a better sanitation of the same, and better clothing with a better adaptation to changes of seasons and conditions of body.

But in our advancement in these particulars we have been much inclined to take human life in the mass, and have neglected to specialize.

Volumes have been written upon the subject of the hygiene and management of infancy, with the treatment of its disorders, and volumes upon volumes have been written upon these as they relate to adult life; but who has seen a comprehensive treatise upon the hygiene, general management and treatment of the disorders of old age? All will readily admit that the conditions of life in old age differ as radically from those that obtain to middle life as do those of infancy, and that the means of conserving life and a measure of health should be as carefully adapted to these changed conditions, as they are to those of infancy. Then why is it that we have so little teaching upon these heads while there is so much upon the others? Surely, not because the barbarous instinct of our remote progenitors survives in us, and, all

unrecognized, we tacitly regard the aged as useless and in the way, and so allow them to go their way and perish? No, not that. We have daily witnessed the solicitude and deep concern of sons and daughters for their aged parents, and know with what heartaches they watch the decline of life in these, and with what alarm and anguish they view each sickness of these aged ones, as if the end were at hand. I think that the fault lies in our continued acceptance of the limit of David, and our blindness to the plain teachings of vital statistics, saying nothing of those of anatomy and physiology. I think the time has come when we should advance "the days of our years" to one hundred, and regard him who does not reach the measure as untimely cut off. I think that we now have a sufficient warrant for discarding the belief that decay and death must follow in close and uninterrupted sequence, after the first positive signs of age have made their appearance, and that all that we can do is to stand as intelligent spectators of this last masquerade that human life puts on. Be it ours rather to apply ourselves to the task of discovering the first faint appearance of approaching decay, and with such means as are at our command, delay and postpone its possession. When old age has fully come, then let us protect and care for it as we do for infancy, for the garnered wisdom, and the steadying hand of the "long, cool afternoon of life" are of as much value to society and to the state as are the valor and dash of young manhood, and at that period there is to be expected a careful discrimination and a just disposal of the cause, such as we may not look for at a time when the passions are dominant and impulse rules the reason.

Let us now consider the positive evidences of decay, and see if we may not deduce therefrom a more certain means of detecting its fainter manifestations which, having learned, will yield us a greater advantage in combating its advance.

Long before they thrust themselves upon the unwilling attention of the victim, the careful observer will have noticed the following: The conjunctiva reddens easily, the cornea has flattened some, and vision is defective, the hair has frosted at the temples, is losing its luster and is growing thinner, the skin is becoming dry and harsh, is wrinkling in places, and no longer has the glow and elasticity it once had. The frame is losing its suppleness, the step is no longer springy and quick, the sway of the body has a jerky movement, and the shoulders are rounding. The muscles are losing their flowing outline and are becoming flattened and flaccid. The hands are slightly tremulous, the fingers are no longer quick and certain, but fumble where they used to act with precision and delicacy. An inquiry will show that the long

dreamless and profound sleep of youth has given place to one that is easily disturbed—"waking at the song of the bird"—as Solomon has it, and surely is broken at some early morning hour, nor returns until an hour or more of fruitless tossing. The mucous membranes are irritable, and discharge more freely than their wont, though other secretions are deficient, and the breath is foul at times. Muscular action of the intestines is feebler, and in consequence constipation is more frequent and troublesome. The kidneys have become more active, because the functions of the skin are less so, but the secretion varies from one containing but little solid matter to another laden with lithates, the product of imperfect oxidation. These are followed by vesical irritability, requiring frequent evacuations—a cause of much annoyance and broken rest. Prostatic enlargement, and difficult and even painful evacuation follow closely. Owing to ossification of the costal cartilages, the movement of the chest in respiration is no longer full and free, and the effort required brings about some dilatation of the air cells, and these, combined with other causes, bring about a shortness of breath upon exertion. The muscular structure of the heart is weakened, by fatty degeneration, or molecular necrosis, its nutrition is defective because of obstructive calcareous deposits in the walls of the nutrient arteries. These calcareous deposits have invaded the muscular structure of all the arteries, and have converted them into more or less rigid tubes, that have lost much of their pristine power of expanding, or contracting under the stimulus of the vasomotors, and accordingly are much more liable to break under sudden strain. The lumen of the small arteries has been narrowed by the thickening of their walls, until but a small amount of blood is carried to their ultima, and so the nutrition of the various tissues is faulty and imperfect. The capillaries, though dilated, are but slowly filled, and radiation is not compensated for by a rapid return of warm blood. Thus the surface is easily chilled.

After a longer or shorter time it will be noticed that the mind does not act as promptly as it once did. Its processes are slower and the memories that once leaped upon the consciousness, come hesitatingly, and with difficulty. The story of life is written upon the cortex of the brain, like the score upon the wax cylinder of the phonograph, but little breaks have occurred in its continuity—the spur-like processes of the brain cells are no longer sharp and so perfectly interlaced. They are now rounded and worn in places. The brain can still think strong things, great things, but it must do so at a greater cost, and with less recuperative power.

When the measure of life is full, the man has become a child again. He is petulant and impatient of control, he sleeps more and more, until

the hours of sleep correspond to those of childhood. Conversation with those of active minds becomes fatiguing; he likes better the prattle of children, and delights to pour tales of the long-gone past into their receptive and uncritical ears. Those processes of mind which were developed by training and education are now the first to fade, and there is left little save the impressions and experiences of childhood.

I have said that we should learn to detect the first manifestations of decay, and by a judicious use of the means at our command, postpone its advance. This means the treatment and management of functional disorders ere they develop into organic changes. It is not necessary to dilate upon this, for the remedies do not differ from those in common use.

When the positive signs of decay have manifested themselves, then we have to deal with conditions other than those that obtain at the beginning, and these must be met by a changed habit, hygiene, diet, and general treatment.

The individual in whom they have appeared, if his condition in life will permit, should abandon all active pursuits, save just enough to keep the mind at ease, and the body suitably exercised. He should withdraw himself from all those contests which are prompted by ambition and a desire for gain, which tax the brain and drive away sleep—he must conclude that his work, however imperfect, is done, and henceforth be content to sit a mere spectator, who looks down with curbed emotions, upon the game of life. I think it one of the most sorrowful spectacles of everyday life to see one bent with age, and hoary hair, contending with bodily infirmities, and the burden of toil for daily bread. Why do we heap honors, emoluments and pensions upon those who have upheld the Nation's cause for a brief time, and utterly neglect to reward him who has battled forty years to make the state great and prosperous, never receiving a tithe of that due him, and with the almshouse his only resting place when the end comes? Should not forty years of honest, valiant toil be recognized by the state, and should not there be pensions for the soldier of Peace as well as the soldier of War?

With change of habit there should go a change of hygiene. Some one has said "The old live in summer, but merely exist in winter." This saying is a true one. The aged require more warmth than do the young. In cool weather their apartments should be heated to a degree that is comfortable, there should be good ventilation, but no draughts. The clothing should be warmer than that of the young, the undergarments of such texture as will prevent too rapid radiation of heat—a fine soft wool is best, these should be changed twice in the week, because the excretions and exhalations are more laden. No



prolonged bath should be taken, but in their stead a short bath of a very few minutes' duration, then a brisk rubbing with plenty of friction. In cool weather the sheets should be warmed, after having been thoroughly aired during the day. A thorough ironing with a hot smoothing iron cannot be improved upon.

Owing to the slowness with which an aged person disrobes himself, he is sometimes chilled before getting into bed—then nothing so good as what old-time people called a "night-cap"—a hot whisky or brandy toddy. It produces warmth quickly and can be easily commanded. Alcohol is as serviceable to the aged as it is damaging to middle life. One distinguished writer upon this head says, "Alcohol furnishes a readily available food, and is an easily oxidized carbohydrate. It gives a fillip to the digestive organs, and by increasing the vascularity of the stomach, aids in its solvent and digestive action. It prevents spasm, or colic, to which elderly people are very liable. It feeds the starving brain, and once more gives it sensations of well-being, and enables it to work pleasantly." There need be no fear that to the aged it will become a tyrant. Its stimulating effect is not nearly so apparent in the aged as in the young—with these it acts more as a food. An ancient Rhineland proverb says that "Wine is the milk of the aged," and there seems to be much truth in the statement.

Now I am well aware that an increasing number of writers on medical topics are condemning under all circumstances the use of alcohol as a therapeutic agent. Medicine, like society, has its fashions; and finding great danger in the use of this old and oft-proven agent seems to be a prevailing one just now. Like the fashions of society, however, this one may be safely left for the next season, and the same authorities to change. I am also aware that that which calls itself the "high moral sentiment" of the country, is now arraying itself for a new war to annihilation against this agent of much evil, as well as good, to the children of Adam. For true and discerning religious sentiment, I have the profoundest reverence; but find myself but little inclined to abdicate my own convictions for those of a class who find a warrant in the Holy Scriptures for conquest and extermination, and who seem to look with equal favor upon Bibles and gunpowder. If there are conscientious scruples which forbid the use of alcohol, hot milk with Vichy may be substituted. Either of these, with warm covering, will often restore warmth to the body and procure a good night's rest, or will serve as an agreeable stimulant and food during the day, but the former is more potent than the latter in the qualities of quickness and positiveness.

As to diet, it may be said, that upon the appearance of positive signs

of decay, the more highly nitrogenous, such as beef, pork, veal, oysters, and the like, should largely give place to fruits, succulent vegetables. Game, fish, and fowl, may be eaten in small quantities, as may also the heavier meats, but in the main, the diet should be as above. The drink may be a small cup of good coffee or tea at breakfast, a little Rhine wine or claret at noon, and Vichy and milk at supper. In extreme old age, the diet becomes more like that of infancy, and should, like that of infancy, be taken often and but little at a time.

Relative to drink, there is much I particularly wish to present to your consideration. In their efforts to procure pure water, many persons have resorted to distilled water. A halt has been recently called by a German authority who points out the fact that this dissolves the earthy salts contained in the various tissues, and thus is likely to do great damage. I have long been persuaded of the fact that a water containing an excess of earthy salts is wholly unsuited to the condition of age, and that well filtered rain water is far preferable. Since calcareous matter is so largely in excess in the tissues of the aged, as to constitute a true pathological condition, and since, according to the above authority, distilled water possesses such decided solvent properties over such matter, it must be that, while it is inimical to the young and developing organism, it is highly salutary to the aged one. Suitable stills have been provided for aëration, having a capacity of five or six gallons per day, and are easily found in the market, so that distilled water may be easily procured.

As to the therapeutics of old age, not much need be said. Keep the bowels regular; the kidneys sufficiently active, and no more. Upon the latter point I will say that often the center which controls the bladder is irritated, and action is too frequent. When this is so, nothing acts so well as belladonna, which is particularly serviceable to age. The skin should be kept as soft and pliable as may be, and for this purpose a warm sponge with a little aqua ammonia, or spirit, followed with a little vaseline are excellent. All mucous irritations should be promptly met, and in fact all the ailments which affect old age should be met promptly, much more so than is required in any period save infancy, in order to prevent changes in the tissues, which failing nature cannot repair.

#### DISCUSSION.

Dr. Bowen: I am interested in this paper. I belong to a long-lived family. My father lived to be ninety-five, my mother to be over ninety; my grandfather lived beyond ninety-five, and his father to one hundred and five. When I meet very old people I usually ask them their age, and then ask other questions, among them, whether or not

they eat their food very salt. Many of them say they use a great deal of salt. My father always used a great deal of salt; that gave me a starting point. Out of a list of seventy-seven whom I asked this question most of them used an immense amount of salt. I made a special study of that question, and am satisfied that salt is one of the most important elements in keeping the body in normal condition. I myself use a great deal of salt. I do a great deal of night work, and have not slept for more than six hours at a time for ten years. In old age we must prevent loss in the system. If you want to reserve and hold what you have in old age, you must prevent loss and waste as that period draws on. My father used a quart of milk a day during the last five years of his life. There is more nutriment in milk than in any other article of diet; I know it has more nutriment in it than bread and meat. I also use a great deal of coffee, and like it strong. I drink a pint of strong coffee a day, and from a pint to a quart of milk.

I have two patients over ninety years of age. They became my patients when they were over seventy-five. Both of them bid fair to live to be a hundred.

Do not let old people die of stagnation. Do not let their brains stop and rest or they will give out. Old people must have both muscular and mental action to keep them in good condition. We should be very careful of their diet. Meat and coffee and milk are essential. Milk is the best because it digests easily.

Dr. Pratt, Chicago: That paper was intensely interesting. I used to think fifty an old age; but since my father has come to the age of eighty I have come to the conclusion that that age is quite young. I do not think we have ever seen any living man or woman until we have struck something God-like and grand in them. All they all want is satisfaction, and if you give anyone what he wants, let all his hopes be realized, all his ambitions gratified, all his loves satisfied—why, what angels it would make of the whole crowd of us! A dear and aged friend of mine has lately been in California for his health. He has one trouble that has bothered him a great deal, that is atony of the bladder. Last Christmas while he was in San Francisco he sent for me, as he was very ill at that time. I wrote him to go to Dr. W., of San Francisco, but he preferred to have me with him, so I went out there. He was very ill, and seemed to just hang on to life until I got there. He had dropsy, and was in a very serious condition. I gave him the benefit of what knowledge I had, and had the satisfaction of seeing him much better when I left. Does anyone here know anything that is good for atony of the bladder? If I were where I could treat him constantly, I could make him well with my hands, but my work requires personal attention.

Dr. Bowen: You know that opium contracts; I know you know that belladonna produces relaxation. I give belladonna to produce relaxation, then I say, drink lemonade made pretty sweet. I have been censured because relaxation takes place too easily.

Dr. Frank: The fad of the generation has been to take care of the children. Of course this is right, but I am glad to hear a paper of this kind. I do not want the children neglected; but I do not want the old people neglected, and they seem to have been left out. I like the paper very much, and I like Dr. Bowen's remarks also. I believe his idea that old people should not cease to be active is a good one. Old people—old men especially—are set aside and advised to do no work, to quit their work and their active business pursuits, and men who have been reared on farms have been advised to rest. I believe a mistake is very often made in relieving them of their mental and physical labors.

I also think the milk diet a good one for old people. Of course we do not any one of us believe that milk alone is a good diet for an adult man, but the old man gets back toward the infant again, he loses his teeth and his stomach does not digest solid food as well as it did; he comes back to need a milk diet again.

Of course in suggesting activity, I do not mean that he can be as active as he was once, but a degree of activity, mental and physical, is good for him. I like the thought of looking after the old people. We all know how the babies and little children have been looked after; but we must be careful that the old people are not shoved aside.

Dr. Davis: I, too, believe in a degree of activity for old men. A man need never be old where activity is concerned. If he cannot get about by walking, he can ride his bicycle. A certain amount of physical activity is also necessary for old people. Food should be nutritious and taken at proper intervals. As years come on in many instances the body becomes stiffened. If you will take the advice of the paper and drink distilled water, and but little of anything else, the probability is that the arteries will not become friable, but will remain flexible.

Dr. Jordan, Indianapolis: I wish to thank the doctor for his paper, and especially for the remarks about distilled water, and his opinion of the use of alcohol. That is a new idea to me. I have been feeling the necessity of something to wash out the salts he speaks of.

Dr. Taylor: I do not mean to be understood as urging passivity in old people by any means. I had meant to urge that enough exercise, both mental and bodily, be taken to keep them at ease and satisfied, but not enough to tax the energies greatly.

## ASTHMA CURED BY OPERATION.

C. E. GROVE, M.D.

SPOKANE, WASH.



Notwithstanding the fact that this journal has already devoted much space to the discussion of the importance of removing orificial irritation in chronic disease, the subject is not understood or appreciated yet by the great bulk of the profession. And although the sympathetic nervous system has become the subject of profound study on the part of those who have investigated the orificial philosophy, it is yet a sealed book to the great majority of those who practice the healing art. So no apology is considered in order for pursuing the subject further; for the only way to get the matter to receive its proper attention is to continue to harp away on it.

In order to see what attention the subject is receiving at the hands of the profession at large, I submitted a question to the class of applicants who came before the Washington State Board of Medical Examiners at its meeting in Seattle, Wash., Jan. 5 and 6, 1899. The question was something like this: "In what way may chronic disease result from irritation of the lower orifices of the body? Mention some diseases so produced." The class of applicants numbered thirty, and ranged from recent graduates to practitioners of forty years' experience. They were from all over the United States and some from foreign countries, but of the whole class very few seemed to have any clear ideas on the subject. Some made no attempt to answer the question. Others showed by their answers that they knew nothing at all about it.

With so many of the profession in ignorance of the orificial philosophy and others ridiculing it, it becomes necessary for the disciples of Pratt to let their light shine, in order to convince our brethren and give suffering humanity the benefit of the greatest discovery of the nineteenth century, so far as the healing art is concerned. With this object in view we ought not to hesitate to publish the brilliant results we attain in our work, for from the multiplicity of the testimony, showing up its various phases, the truth must ultimately be accepted.

We will admit now a single witness—Judge H., who has been a sufferer from asthma and hay fever for over twenty years, and who has suffered many things from many physicians. He came to me about two years ago, saying: "Doctor, I am going to take the first train out of town for Texas, but for the Lord's sake can you do anything to give me a little relief until train time to-morrow?" The patient went on to tell me that he had had asthma and hay fever for twenty years, and that he had traveled all over the country to find relief, and had consulted the most eminent physicians in the country all without avail. Treatment would sometimes help him a little for a time, and then he would get worse and have to seek a change of climate. When he came to me he said he had not been able to lie down for several nights, and had scarcely gotten five minutes' sleep in the last four nights. It was such intense agony for him to breathe that it was really painful to see him. I looked him over and then asked him if he had any rectal trouble. He said he had no trouble in the rectum, and insisted on it. He had never been examined there, and said there was no use of such an examination, for he knew there was nothing wrong there. Why, he had never even been asked about the rectum by any of his previous physicians, and if there was any liability of trouble there, they certainly would have asked about it. But I insisted on making rectal examination with a bivalve speculum, and found piles, pockets and papillæ. I told him that that was the cause of his trouble, and that he would have to have an operation. He objected very strongly to this, and said he could not see how the rectum could have anything to do with the breathing, that the other doctors had paid no attention to the rectum, etc., etc. I finally persuaded him to let me demonstrate to him that I was right. So I gave him a Hubbell's Rectal Dilator, with instructions how to use it, and told him it would relieve his breathing, enable him to lie down and probably get three or four hours' sleep during the night. After considerable persuasion he agreed to use it, and said if it gave him even a half hour's rest he would be convinced that I was right, and that he would then put himself in my hands completely and do just as I should say. The next morning he told me he had slept about four hours, that he had given up his trip to Texas, and that he was ready to have me go ahead and do whatever I thought best. So I gave him chloroform and did the slit operation, removing the piles, pockets and papillæ. So complete and immediate was his relief that the first thing he said on coming out from the anesthetic was: "Doctor, you have struck the nail on the head. I have not been able to breathe like this for twenty years." He slept fine that night, and has never had a return of the asthma from that day to this. He has slight indications of hay fever at times if he allows his liver to

get torpid and his bowels constipated, but this passes off immediately if he gives his bowels proper attention. And a more grateful man one seldom meets.

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#### ANNOUNCEMENT.

During the week beginning with the 4th of September the annual class for private instruction in orificial surgery will be held in Chicago. On Wednesday and Thursday of this week will convene the sessions of the American Association of Orificial Surgeons, the members of this society being welcome to attend the clinic on these days.

Seats in the amphitheatre can be applied for at any time. Those who have a choice had better send in their applications as early as possible, so as to avoid disappointment. For particulars address Dr. E. H. Pratt, Suite 1203, 100 State street, Chicago.

In conjunction with Prof. E. H. Pratt's course on orificial surgery, beginning on the 4th of September, arrangements have been made to have Prof. C. S. Neiswanger give a complete course on electro-therapeutics. The lectures in this course will be from 2 to 4 p. m. each day, and will include a lucid explanation of the various manifestations of electricity from a *medical standpoint*, galvanism, faradism, franklinic, sinusoidal, X-ray examinations with fluoroscope and X-ray photography. The nominal price of \$5 will be charged in order that all may take advantage of it.

# EDITORIAL DEPARTMENT.

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## SERIES OF IMPERSONATIONS.

### IMPERSONATION NO. 5.—THE LYMPHATIC MAN.

LADIES AND GENTLEMEN :

Some of our family of human forms are quite widely known, probably because they have had their pictures taken so many times that almost everybody has had an opportunity of seeing their shapes. This is certainly true of our bony brother, for pictures of the human skeleton are widely scattered, appearing not only in all illustrated anatomies, but in anatomical charts, medical periodicals, and frequently even in the popular press, so that every man, woman and child in every civilized country has had ample opportunity to familiarize himself with the appearance of the bony man. Pictures of the muscular man are also pretty thoroughly circulated, and probably every well-read person knows that the muscular structures of the human being when adjusted in their accustomed relations to each other assume the human shape which is known among our immediate family as the muscular man. The two bloody men, the arterial and venous, make such pretty pictures when they sit for their photographs that they are not to be left out when the popular members of our family are being mentioned.

But I will not ask you if you have ever heard of the lymphatic man, for I am well aware of my limited reputation as a human shape, and consequently would expect a negative reply, and so I will save you the trouble of telling me that my existence is not widely known, but will proceed at once to let you know that there is such a thing as the lymphatic man, and that his proportions are identical with those of his brother shapes and his duties are of sufficient importance to entitle him to a recognition as one of the human shapes whose congregation constitutes the composite being known as man. Look at me, if you please, and behold the lymphatic man.

Well, in the first place I rank as one of the most perfect in our family of shapes. Please do not consider this a conceited statement. It is a mere matter of fact. I do not think that we have any more right to underestimate ourselves and our friends than we have to overestimate



them, and the truth is always the truth with reference to ourselves, whether we relate it or some one else does, and the fact concerning myself is just as I have stated. The distribution of my peculiar structures is so universal throughout the entire body that if all the other bodily shapes were melted away from me and I was left entirely alone the human shape which I would still assume would be one of the most perfect in our whole family. Of course if every bit of the vascular and nervous men were completely separated from me down to their last fibre my identity would be completely destroyed. But grant me enough of my brotherly tissues to establish my identity and then gaze at my shape. There is not an organ or tissue of the body that I do not permeate, and my tissue distribution is so exceedingly fine that it can only be detected by the aid of the microscope. This same fact is true of several of our family. My bloody brothers have already mentioned it as true of themselves, and when my nervous associates speak to you, and the areolar man has his say, these also will call attention to the same fact as characterizing their make-up. That makes quite a band of us, you see, who present a hazy outline, the coarser part of our structures being observed by the naked eye, but our finer parts passing into such obscurity as to be unseen unless considerably magnified by glasses.

Honest confession they say is good for the soul, and the reason why I say so much about my shape is because, I suppose, of my vanity. It is so perfect that I am really quite proud of it. There is no bodily territory of the entire composite man in which I do not take so extensive a part as to make the lymphatic man as shapely as the form of the entire individual will admit.

In my structure I resemble my arterial brother. That is, I am tubular, and my tubes have three coats, an inner or epithelial coat called the tunica intima, a middle or muscular, composed of layers of involuntary muscular fibres just like his, and the outer or areolar coat, called the tunica adventitia. Altogether his walls are much thicker than mine, but he need not be at all stuck up about it, for mine are more delicate than his, and it is quality that counts in this world more than quantity. So although feebler in structure than the arterial man, and even than the venous man, I have reason to be just as proud of my make-up as they are. I am more delicate and refined, that is all. My occupation may be a little more menial in the estimation of some people, but I find that it makes little difference what we do in this world, it is what we are that counts. So I am banking on my quality rather than on my occupation. Life is short anyway, and I have no complaint to enter against the bodily task assigned me, my chief care being what I am and how well I do my work, and you can take it for granted that I would not be

entitled to mention in the list of bodily shapes,—that is my tissues would not be universally distributed throughout the body if I was not at least of some consequence in the make-up of our family.

As to my terminal tendrils, I am somewhat closely associated with the capillaries which connect the venous and arterial man, while at my central trunks, which are two, the right and left lymphatic ducts, the latter being known as the thoracic duct, I terminate in large veins near the heart. I have no right to complain if I am considered as belonging to the great venous man, but in his remarks before you he was kind enough by ignoring me to admit my right to a personal identity, and so I have taken advantage of his generosity by putting in a claim right here to my individuality and posing as a separate and distinct human shape.

I suppose you want to know of my source, of my destination, and of my function. I have already told you something of my structure but not quite all, and let me say a little more about that first.

You will remember that the venous man boasted of the possession of occasional valves along his canals to prevent the regurgitation of blood backward toward the capillaries. In this respect I am his superior. I not only have valves along my channels, but they are so thickly placed in every one of my branches that my outline is not straight like the venous man, but extremely knotted, having the appearance indeed of a string of very fine beads. The constricted points mark the location of my valves. You see the lymph which flows along my channels passes but one way, viz., toward the center of circulation, the heart, and it goes so slowly and is dependent to such an extent upon the vis a tergo furnished by muscular action that my innumerable valves are necessary to prevent excessive regurgitation of my liquid contents toward the tissues. Although I may look, as I have said, to be composed of rather small tubes, there is another part of my structure which is so peculiar to myself that you will not find anything like it associated with any other human shape. I have reference to what is known as the lymphatic glands. If I am considered a system of small sewers for the body simply because I collect the dish water of the tissues after they have all been bathed in the lymph which I carry, the conception being scarcely adequate, as you will soon see, for a description of my bodily function these glands would probably be considered as catch basins. If my tubes rank in your estimation, however, as drainage canals, depleting the tissues of their wash water, you may think of these glands as locks along the course of my channels, at which the flow of lymph must stop and be filtered on its way to the venous blood stream.

My glands are located in protected situations. You will find them

in the bend of the elbow, the arm pits, the popliteal space, the groin, thickly scattered throughout the anterior part of the neck, that is, the part in front of the cervical vertebra, and in the abdomen between the folds of the mesentery which suspends the small intestine to the backbone, and in the chest between the lungs, the space which is known as the media stinum.

The structure of my glands is too complicated to be presented to you in exhaustive detail on the present occasion, for my purpose in speaking to you, as I understand it, is to give you a general conception of myself rather than to entertain you with minute details which would confuse rather than interest you. You ought to know this much, however, that every one of my lymphatic vessels passes through one or more of these glands on its way to its destination in the veins. I ought perhaps to say that every one of my glands has an enveloping sheath consisting of areolar tissue, in which are distributed a number of involuntary muscular fibres, so that when they are congested from over use the elasticity of their coats aid in milking their contents onward toward the blood stream. I shall have to claim for my glands, however, a little more distinction than that of being mere catch basins or locks in the lymphatic canals. Perhaps you have heard somewhere of the minute blood elements known as white blood corpuscles. As bacteria are the lowest type of vegetable life, so these white blood corpuscles may be considered as the lowest type of animal life. At any rate they are important agents in the construction and preservation of the human tissues. They are otherwise known as leucocytes, and it is my office to introduce them to you as lymph cells. They are the only cells in the body that possess no cell wall. They move about very much like a jelly fish in water, or by what is known as an amoeboid movement, by means of which they escape from the capillaries into the tissues, wander into my channels, and are carried on to my lymphatic glands. The fact that more of these lymph cells leave the glands than enter them proves conclusively that my glands are factories for their formation. The red marrow of the cancellous tissue of bones is said to give rise to them, they are born also in the spleen, and perhaps in the thyroid, and perhaps up to the seventh year of life in the thymus gland; but there is no more prolific source of their supply perhaps than my own lymphatic glands. You see this gives more dignity to my position in the body, as to be a manufacturer of an important bodily constituent is a much more honorable position in the human economy than to rank merely as a set of sewers or drainage canals. My glands are liable to be sickly, owing to the poisonous nature of the lymph which filters through them. They frequently become inflamed from the passage of infected lymph

and break down into abscesses, and many times they become tubercular and have to be removed to prevent the spread of tuberculosis, and sometimes of cancer, to other parts of the body. You must remember that all the contents of my entire system are poured into the stream of venous blood which goes back to the heart, which is sent first to the lungs and afterward again to the heart, and then propelled by the agency of the arterial man to every part of the human body, thus rendering it important that this blood stream should be wholesome and nutritious, and when my glands become so badly infected that they are liable to poison the lymph which runs from them their extermination becomes a matter of great surgical importance. Of course some of them are inaccessible like those in the abdomen and thorax, but those in the popliteal space, the elbow, and in the axilla and groin and along the front of the neck, can be taken away at the discretion of the surgeon.

This has been rather a long parenthesis, but has seemed necessary to a proper conception of my make-up. I will now speak briefly of the three points in which perhaps you are more directly interested, namely, where I begin, where I end, and what is my function.

First, then, of my source. Well, my radicals are everywhere. There is no tissue in the body in which they do not start, sometimes in the shape of capillary loops, sometimes in well rounded, sometimes in dilated extremities, but more frequently in what is known as the areolar spaces. To understand what I mean by areolar spaces you must wait until my kindred shape, the areolar man, talks to you. For the present it will suffice to say that the entire body is more or less porous, like a sponge, in the meshes of which the cell elements of different kinds, of which the entire body consists, are more or less entangled and in which they are variously arranged according to the organ which they are destined to construct. Well, these fine pores which are found in every type of bodily structure open directly into my canals, so that anything which they contain has open access to my tubes. Of course solid substances must be in solution to enter my domain, but with this provision I am capable of acting as a drainage canal for every part of the body. The liquid which I thus collect is known as lymph, and because it is my function to collect this lymph from the entire bodily domain I have received the name which I bear and am known as the lymphatic man. In the abdominal cavity I do more than this, but I will speak of that later on. There is another manner in which my radicals have their beginning which should not be lost sight of, and that is by little mouths or openings called stomata. If you examine any of the serous cavities, such as the joints, large or small, the arachnoid membrane about the

brain and spinal cord, either of the pleuræ, the pericardium, or the great peritoneal cavity, it matters not which, you will find on the smooth shining surfaces of any of these cavities minute slits or openings. These are the stomata or mouths of which I am speaking. They are gateways which lead directly into my little canals, so that as a matter of fact all serous cavities both large and small are nothing but magnified lymph sacs, by means of which serous fluid can be drained away when too excessive and carried back directly into the blood stream. When an excess of fluid does not thus escape it is because some process of inflammation has sealed these mouths for the time being and thus closed the stomata, which in a normal state serve as an avenue of exit for all excess of fluid in serous cavities. I suppose that when inflammation attacks the human body in any of its types my position in the family of human shapes is perhaps a more responsible one than that of any other, for all poisonous liquids pass at once into my channels, and if I can not by means of my lymph corpuscles and other sources of defense antidote the poison it passes from my keeping and by means of the blood is distributed to other parts of the body, which then become sufferers with myself.

As to my destination, there is little to say concerning it. The lymph which I collect from the right arm and right side of the head after it has been passed through the lymphatic glands situated along the course of such of my vessels as drain these parts, is carried into the lymph channels, which increase in size as they coalesce, until finally one large trunk about an inch and a half in length and called the right lymphatic duct, receives the entire quantity of lymph from these parts and pours it into the right subclavian vein, or into the outer end of the right innominate vein, right where it starts at the junction of the right subclavian and internal jugular veins. As the stream of lymph has now entered the blood stream, of course you know its destination, as you have already listened to the remarks of the venous man.

My left lymphatic duct is more pretentious and is known as the thoracic duct because it passes from the abdomen, where it starts opposite the second or third lumbar vertebra entirely through the thoracic region, and terminates in the left subclavian vein near its confluence with the left jugular vein, these two streams uniting at this point in the left innominate vein. My left lymphatic, or so-called thoracic duct, receives the contents of the lymphatic vessels from every part of the body not drained by the right lymphatic duct. That is, it drains the left side of the head and neck, the left arm, the lower extremities, the abdomen, and the thorax itself.

Now as to my function. It is three-fold. I collect lymph from

the tissues, chyle from the intestines after it is manufactured in the process of digestion, and by means of my lymphatic glands manufacture lymph cells, which are identical with the white blood corpuscles. You see my lymph in the first place escapes from the capillaries in every part of the body out into the porous tissues which surround them, thus putting the whole body to soak as it were in a liquid which serves as their soup or nutriment at the same time as their wash water or sewage. Some of this liquid undoubtedly gets back into the veinlets and passes directly to the heart. But a considerable portion of it, after the maceration of the tissues in the liquid of life, which would not be a bad name for it by the way, is collected by my innumerable radicals and is milked along my channels by the action of surrounding muscles and by the fine muscular coat of my own tubes until either by the right or left lymphatic duct it is carried back to the great river of life, whose complete and continuous circulation is so essential to human growth and repair. You know how a foul stream will pollute a clear one into which it empties. To be sure the venous blood returning from all the tissues of the body except the lungs is dark red or purple because it has parted with the oxygen with which the arterial blood is charged. But its pollution is not complete until the tissue-washed lymph which it is my office to carry is poured back into the veins at the upper part of the chest. To be sure I bring the chyle from the great table of life, the intestinal tract, and it is full of good cheer and strength and nourishment and hope and longer life for the hungry tissues after it has received the breath of life in the lungs, but this is but a small effort to counterbalance the great mass of dissolved tissue debris that finds its way by my operation into the venous channels. The blood stream may have been dark before the sewage which I carry was emptied into it, but afterward it was not only dark but polluted more or less thoroughly, according to the quality of the tissue disintegration that I have been asked to return to the circulatory centers. Every day I rejoice that our family of shapes is provided with lungs for the purification of the blood, and every night I have prayed that these delicate organs may be equal to their important task. When I think of what they have to endure in the way of resurrecting old decrepit worn-out blood cells, giving new ones recently born their first breath of life, and disinfecting the impurities of the blood current as they have accumulated from all the innumerable communities of the organs, I feel as though our composite of human forms cannot appreciate too keenly the kind offices of the lungs or do too much in the way of conscientiously performing each his separate task in order to lighten as far as possible the burdens of these all important twin organs, the human lungs.

Ladies and gentlemen, I thank you for your kind attention and sincerely hope that my remarks have persuaded you that the lymphatic man deserves to be considered as a worthy member of the common family of human forms, whose separate individualities are presenting themselves for your inspection in their proper order.

The next human shape to address you will be the member of our family known among ourselves as the "skin man." E. H. PRATT.

## CLIPPINGS AND COMMENTS.

C. A. WEIRICK, M.D.

CHICAGO.

66. CLIMATE FOR TUBERCULOSIS.—The consensus of medical opinion is that the climate of the middle Western States is not suitable for tubercular patients. It is difficult to decide what is the best climate for individual cases. The printed literature sent out by the various localities seems too often to be written for the benefit of the section of the country from which it emanates; and reading of the advantages of different places the physician is often at a loss as to where he should send his patients. The description of the condition of patients benefited by residence in certain climates will often enable the physician to make the best selection for individual patients of the place best adapted to their requirements. We will give a brief clinical history of a couple of cases of tuberculosis sent to southern Arizona.

Mr. R., aet about 35, residence Minnesota. Three years before consulting me contracted a cough. It did not follow any acute illness, just seemed to come from a cold. He was treated more or less during this time for what he supposed was bronchitis. It did not for a long time incapacitate him for business, in which he was very actively engaged. The cough became quite frequent and was often violent. When we saw him the expectoration was large in quantity and thick muco-purulent in character. There was dullness over upper lobe of right lung. The temperature was 100 deg. F. to 103 deg. F., pulse 100 to 110. However, at this time there was forming near the anus an abscess which, when opened, discharged pus with a fecal odor, and resulted in the formation of a complete fistula. He had some perspiration at night, but not profuse. His bowels, before the abscess began to form, were regular and natural, and appetite fairly good. His weight had slowly diminished. Microscopical examination of the sputum showed the tubercular bacilli in great numbers. He went to Arizona in February. After a couple of months' residence there he was aware that he was improving. At the end of a year the cough had nearly ceased, there was very little expectoration of mucus, not in the least purulent. Pulse and temperature normal and fistula healed. Physical examination did not show anything wrong with the lungs. Patient has remained in that climate and aside from an attack of La Grippe, from which he recovered, he has considered himself well.

Miss S. gave the following history: Residence, Illinois; age, about 20 years; family tubercular. The eight months previous to making change of climate had, with exception of constipation, been in fair health. Then she began to feel languid, have headaches and loss of



appetite. She gradually became quite emaciated, very anemic, and was unable to sit up all day. She could walk but one or two blocks without becoming greatly exhausted. Menses ceased about two months before changing climate. Pulse about 110, but very little fever. Some cough, not frequent or violent, without expectoration. Physical examination of lungs gave negative results so far as revealing anything abnormal.

She went to Arizona in mid-summer. In eighteen months she gained thirty pounds in weight, was greatly improved in every way and was able to lead quite an active life, often taking long rides on the wheel.

Dr. Burford in *Homœopathic Journal of Obstetrics, Gynecology and Pedology*, in an article on "Malignant Disease of Body of Uterus," gives the following under prognosis and treatment:

67. PROGNOSIS.—Every case of malignant disease, *ex hypothesi*, tend to death; but the malignant affections of the uterine body differ materially in their rate of progress and date of overflow to other tissues. And these two factors, rapidity of progress and time of metastasis, together control the response to treatment. The most rapid course and the earliest metastasis are conjoined in *deciduoma malignum*—a fatal termination having been known to ensue in six and a half months. Next in point of virulence and speed is sarcoma of the uterus, especially the nodular form; we have known this to run its course in a few months after the symptoms had been first observed, and when removed by operation it almost invariably recurs.

Carcinoma of the uterus differs from the foregoing in its slower progress. and, most important, in its strict limitation to the uterus for a much longer period. The cancerous infection is often limited to the uterine tissues until late in the history of the disease; lymphatic glands and cellular tissue may remain unaffected until the disease is well advanced, and this, from the point of treatment, is of prime importance. The results of operative procedure are successful beyond expectation if instituted sufficiently early, and the response to local measures or pure therapeutics is enhanced by the limitation and localization of the infective power for relatively a long period of time.

These remarks apply to:

Malignant adenoma of the uterus with added emphasis and greater amplitude. But for its known termination, this affection might reasonably be held for a long time to be non-malignant, while it drags along its weary length, often for years. Before constitutional involvement or local overflow occur, a much longer time elapses than in any other malignant lesion of the corpus uteri. Late in the history of the case the signs of malignancy become undoubted; anæmia, sapræmia, cachexia ensue; the patient succumbs. The period during which the patient is salvable is much greater than in any other of its malignant congeners.

TREATMENT.—A small proportion of cases of malignant disease of the uterine body is undoubtedly amenable to therapeutic treatment, but a much larger proportion is not; and we know not as yet which are the cases and what are the tissues where therapeutic measures alone are adequate and exclusive.

CANONS OF TREATMENT.—1. The sphere of therapeutics is (a) where the malignant disease has overflowed the confines of the uterus; (b) where metastasis to other organs has occurred; (c) where concomitant conditions (age, organic disease) preclude operative interference.

2. The sphere of surgery is the early stage of uterine malignant disease, and before metastasis or overflow has occurred. The early stage is eminently favorable for successful radical treatment.

3. Neither pronounced local symptoms nor marked cachexia are in themselves any bar to a successful issue; this is determined by the clear circumscription of the disease by the uterine tissue. The implication of glands is often quite late in the history of the disease.

4. Those forms of malignant disease whose clinical course is most rapid before operation (sarcoma, deciduoma malignum) are those most liable to recur after operation. For malignant tumors of some size, with a recent history of rapid growth, and especially if adhesions can be demonstrated, radical operation is undesirable; early recurrence is almost certain; and the growth is even more rapid than before. Therapeutic measures alone are here applicable.

5. Those forms of malignant disease of the uterine body whose clinical course is relatively slow (carcinoma, malignant adenoma) are least liable to recur after operation. Every case of carcinoma or malignant adenoma of the uterine body is salvable, as long as the uterine lesion is definitely self-contained, and the remedy is immediate total hysterectomy. Delays are dangerous.

6. For the relief of the hemorrhage and fetid discharge in the earlier stages of inoperable cases, as well as for the control of the sapræmia from absorption, local measures are very effective. These include both the local douching with deodorants so absolutely requisite, the application of local remedies such as hydrastis or arsenic, and the removal of the fetid and necrosed debris by the curette. The use of internal remedial measures is also of great value.

7. For the relief of the symptoms in the later stages of malignant uterine disease, the higher dilutions, carefully prescribed, are often of more service than the lower potencies.

8. As regarding operative removal, carcinoma and malignant adenoma of the corpus uteri are on a totally different plane to that of malignant disease elsewhere, even in the cervix. Its results, as regards absence of recurrence, are far and away before those of operation for cancer in the breast, or intestine, or tongue.

All recent work points to the conclusion that practically every case of malignant adenoma or carcinoma of the corpus uteri would be permanently salvable if taken sufficiently early, and operated on with sufficient care. Once past the line of demarcation, and the circle of the patient's life rapidly narrows.

68. Thurmin gives the following results of 104 cases of uterine cancer operated upon. The uterus in every case was removed:

Post operative deaths .....	8
Deaths from recurrence.....	38
Lost to view, but known to have recurrence.....	7
Deaths from metastasis .....	2
Deaths from unknown causes.....	14
Free from recurrence.....	32

Three who had remained well were under thirty years of age. Ten of the cases were old women, with slow growing cancer, six of whom remained well from one and a half to nine years. The average period of recurrence was about nine months and of life about seventeen months.

69. Dr. Nogres in the *American Practitioner* says that the average duration of treatment in fifteen cases of acute gonorrhœal urethritis with protargol solution was twenty days. Under strict supervision the time could be reduced to twelve to fifteen days. He begins treatment with a 0.25 solution, which is rapidly increased to a 1 per cent solution. Three treatments daily, those given morning and noon, five minutes each, the other thirty minutes duration. After several days use, only in the evening. Do not discontinue treatment too soon.

70. Dr. Stiers in *Nashville Journal of Medicine and Surgery*, reports a case of punctured wound treated with ecthol. A thorn one inch long

was run into leg above ankle. After it had been there one week the patient was taken to him to have it removed. Wound was disinfected. Two days after removal leg was inflamed to groin and very painful. Ecthol internally, teaspoonful six times per day, and locally, was used. In four days, pain, swelling, and inflammation gone and patient at her work.

71. Flies are, according to M. A. Vedder (*New York Medical Times*), spreaders of diseases, especially those of the intestinal tract. In the Fashoda campaign, although the water was pure and climate unfavorable, typhoid was the greatest scourge of the army. An epidemic of dysentery spread from house to house. There were forty cases, with ten deaths. Not a new case developed after efficient measures against flies had been adopted. He states that large cities have most to fear from impure water, while small towns and villages are more liable to fly-borne epidemics. We think the towns have much to fear from impure water, owing to the fact that they are usually supplied with water from surface wells that are in close proximity to privy vaults, that endanger the water in the wells. These vaults often, after a rainfall, fill with water, which soon seeps into the wells. The wells are so much deeper than the vaults that they become cesspools. The deeper these surface wells the more thoroughly and widely do they drain the soil. The soil does not destroy the typhoid bacilli. They have been known to filter a long distance through the earth.

72. In the *Revue de Larynge* the claim is made that Kantorowicz can reduce hypertrophied tonsil to normal size by massage.

With the finger protected by a rubber cot he rubs around the tonsil fifteen or twenty times, then up and down the same number. About fourteen treatments will, so he claims, cure the most inflamed and swollen tonsil. The same author has noticed a frequent coincidence of existence of hypertrophied tonsil and carious teeth.

# JOURNAL OF ORIFICIAL SURGERY. CHICAGO.

THE TWELFTH ANNUAL CONVENTION OF THE AMERICAN ASSOCIATION OF ORIFICIAL SURGEONS.

HELD AT THE CHICAGO HOMEOPATHIC MEDICAL COLLEGE, SEPT. 6-7, 1899.

Officers for the ensuing year:

President—Dr. W. F. Curryer, of Troy, O.

First Vice-President—Dr. C. A. Weirick, Chicago.

Second Vice-President—Dr. T. J. Gray, Minneapolis.

Treasurer—Dr. T. E. Costain, Chicago.

Secretary—Dr. R. Milton Richards, Detroit.

Executive Committee—

Dr. C. B. Kinyon, Ann Arbor, Mich.

Dr. H. E. Beebe, Sidney, O.

Dr. J. D. George, Indianapolis, Ind.

Board of Censors—

Dr. H. C. Aldrich, Minneapolis, Minn.

Dr. J. H. Drake, Des Moines, Iowa.

Dr. F. E. Young, Canton, Ohio.

SEPTEMBER 6, 1899, 3 o'clock P. M.

Convention called to order by President J. W. Means, of Troy, Ohio.

President Means: We will have the report of the secretary.

Secretary Young: I have no written report. I wish to make an explanation. Last year at our meeting there were chairmen and secretaries appointed for the different sections. That list of appointments was lost and I was not able to find out who these chairmen and secretaries were. If any who were appointed on that list are left off of the program I don't want you to feel hurt. I was anxious to find out who were the appointees for these positions, but could not, and hence selected others. The usual duties of secretary have been attended to.

President Means: We will next hear from the treasurer.

Treasurer's report was read and accepted.

President Means: We will now proceed to the program; and the first in order is the president's address.

### PRESIDENT'S ADDRESS.

J. W. MEANS, M.D.

TROY, O.



Members of the American Association of Orificial Surgeons: "In all pathological conditions, surgical or medical, which linger persistently in spite of all efforts at removal, from the delicate derangements of brain-substance that induce insanity and the various forms of neurasthenia, to the great variety of morbid changes repeatedly found in the coarser structures of the body, there will invariably be found more or less irritation of the rectum or the orifices of the sexual

system or both. Neither is there a pathological condition that does not have its beginning in blood stasis."

The above proposition was publicly proclaimed in the year 1887 by Dr. E. H. Pratt. This theorem, as it may be called, is the substructure upon which the orificial idea is built, and upon which this society, now meeting in its twelfth annual session, with a host of self-sacrificing noble workers stationed in the various parts of this great republic, from the tropical climes of California's balmy shores to the rugged coasts of Maine, rests its claim for recognition.

Has this proposition been sustained? Or are we following an ignis fatuus that will ere long vanish into nothingness, and be lost forever? Ever since the dawn of creation theorists have had their day. Confucius, Brahma, Buddha, Mohammed, and a few others have left their impress upon the pages of history. Whatever is true of their doctrines and theories remains with us. Time has sifted the chaff from the wheat, and there remains for our benefit the pure, unadulterated nuggets of truth that belong to no sect, doctrine or people, but to all. Truth is not a proprietary product; it has no shady side, it is symmetrical, all its angles are mathematically correct, time does not change it, neither does age beautify it; but it is one everlasting, ubiquitous, unchangeable principle, that needs no laudation, no excuses, for it is perfection, and that is the acme of creation.

Has the proposition as stated above stood the test of time? Has it the elements of truth necessary to its permanency? If it is lacking in any of the fundamental principles, variable in its different aspects, unsatisfactory in its clinical workings, unscientific, and unable to stand the cyclone of criticism hurled against it, we are here to-day to acknowledge and bow down to the power of truth.

We are aware that men of note touched by the hand of genius, scholarly, just and conscious, have advanced theories and methods and doctrines that disappear like dewdrops before a July sun, when the rays of truth are turned upon them. And when experience with its search-lights calls upon them for a fulfillment of their claims, failure is the result. What shall we say relative to Dr. Pratt's formula? Have we found by experience that pathological lesions of a chronic nature in any part of the body are not manifested by orificial irritation? I most emphatically say no. We are proud to say that thirteen years of practical experience has proven beyond the semblance of a doubt that all pathological lesions of an acute or chronic nature manifest themselves primarily in blood stasis, and there is always more or less irritation of the orifices of the body. We have in man a complex and perfect machine, and the injunction of the poet to "know thyself" should be the aim of every individual, particularly a physician.

Disease is defined as that condition of the body in which one or more of the functions of life are not properly performed. When the circulation is disturbed in any part of the body, capillary, venous or arterial, disease or blood stasis is the result. The body is but a collection of cells and tissues. We grow merely by each cell increasing in size, then dividing and making two instead of one. Growth and death go hand in hand. Millions of cells die daily and millions are formed. If the death of cells be greater than the increase disaster follows. This is disease. Blood stasis is congestion, congestion leads to inflammation; inflammation to suppuration and destruction of tissue. Disease then cannot exist without blood stasis.

Motion is necessary to life; the restless ocean purifies itself by that ceaseless ebb and flow. The great river system of the world, like the circulatory system of man, would become a stench and a menace to health were it not for that onward flow through gorge and valley, until lost in the mother ocean. Man's physical development and condition of health are directly dependent upon the circulation of the blood.

Grant that it is now conceded by all pathologists, worthy of the name, that there is not a pathological lesion that does not have its origin in blood stasis. Consequently the truth of this part of Dr. Pratt's theory is virtually substantiated. The barriers of entrenched ignorance

have been swept away and the closing years of the nineteenth century blend beautifully with the beginning of the new epoch so full of light and truth.

Again, is it true, "That in pathological conditions, which linger persistently in spite of all efforts at removal, there will invariably be found more or less irritation of the rectum, or the orifices of the sexual system or both?" This proposition has been demonstrated to the satisfaction of all who are not incased in an impervious coat of petrified conservatism. Who will deny that rectal dilatation affects the respiration; or that nasal stenosis impairs the vocal cords, or that eustachian occlusion induces tinnitus aurium, or that urethral stricture directly causes cystitis? In general it may be asserted, without fear of contradiction, that occlusion or irritation of any of the orifices of the body, is followed by direct local lesion, or reflex irritation in some part of the system.

To deny this would be on a par with the denial of the theory of Copernicus, or the Harvey demonstration of the circulation of the blood.

We have passed beyond the experimental stage. Orificial Surgery and Pelology will take their rightful places among the scientific terms of medical literature. The exigencies of the times demanded more specific language than formerly existed, to convey the proper meaning of orificial work as it is applied to the various organs of the body, to the intelligent investigator. Hence the terms above. We do not assume to have reached the top-most round in our philosophy. We are content to believe that our foundation is built upon truth, and the superstructure, though at times it may deviate from the perpendicular and seemingly threaten destruction to all, its variations are due to the shortcomings of man and not to any defect in the laws and principles underlying our practice.

The possibilities of man increase by study and observation, in a geometrical ratio. One step higher enlarges his horizon in every direction. To wage war against pseudo-science is our aim. Remember that the battlements and fortresses of ignorance and superstition are manned with dummies. Argument is powerless to eject them. But the onward march of truth knows no failure, and spurious opposition will be buried in the dust and debris of the combat.

I have no recommendations or advice to give you, other than to be steadfast, firm and progressive. Onward is the word. Each year the light that guides us pushes its outposts further and further into the unknown; the pathway will become more distinct, and more brilliantly illuminated as we grow more earnest and faithful in conforming to the laws of nature.

W. H. H.

President Means: We will now proceed with the regular order of the program, and the chairman of each section will please come forward and take charge of his section. The first section is Orifical Philosophy, Chairman Dr. J. C. Fahnestock. I believe the doctor is not here.

The first paper on the program is:

## ORIFICIAL SURGERY AND THE GENERAL PRACTITIONER

G. E. COGSWELL, M.D.

WAUKEGAN, ILL.



In these days of facts, fads, and fancies, the subject of orifical surgery and the general practitioner comes in for its full share of attention.

In view of the many isms, pathies, and cults, the powders, pills and potions, the rubbings and baths, its movements both climatic and otherwise, championed either by specialist, country doctor or some old mother in Israel, who has a "sure cure," for she had tried it and knows, the general practitioner is wont to cry out, "Who will show us any good?"

That the science of medicine has made wonderful advances in the last decade all must admit, and to-day it is far in advance of the wildest dreams of our fathers, is conceded by every member of the profession.

This same idea has also reached and taken hold of the mind of the laity, and they demand of the general practitioner the same rapid transit from sickness to health that they enjoy in going from their comfortable homes in the suburbs to their office, on the elevated electric road, or by their own luxurious automobile.

The old names for the disease, the old means of cure, and the old-time customs must all be done away with and the promise, "Behold, I make all things new," must apply to disease and its cure; so that the general practitioner has been forced to acquaint himself with all the latest discoveries and inventions in medicine and surgery in order that he may heal his patient with neatness and dispatch.

It is not enough that he be acquainted with one method of cure and that he be thoroughly qualified to administer it under all circumstances, but that he be a specialist in all the different lines, especially if he be far enough removed from the great centers that he cannot call immediate assistance from those who have a world-wide reputation



and who have given certain branches special study. Thus it is that the family doctor is expected to be able to catch the first ray of light cast over the eastern horizon by any new truth as it is thrown broadcast upon the long-suffering public, not only to see it first, but to be able to apply it to the first case he has, whether it is indicated or not.

Recently another idea was born which has been christened "Orificial Surgery," or rather "Orificial Philosophy," and it has grown with such wonderful rapidity and vigor that it has taken front rank in the up-to-date general practitioner's armamentarium, and perhaps no other idea has required more nerve force in the accouchement, a measure that seems harsh and cruel to the unlearned, and founded on a principle so little understood by the profession at large, and hence looked upon with horror by the laity, seemingly at variance with all the old-time theories of physiology and therapeutics, exposing all the venom and ignorance of the old woman's recipes in the neighborhood; a measure that can be used only by the physician himself, and hence shutting out the free interference on the part of those who are so busy attending to other people's affairs that they have no time to see to their own. A measure that is unsympathetic in its application, though founded on the great sympathetic as its principle of cure; whose greatest virtue is exhibited when used as a preventive of disease rather than a cure; and yet a measure of such power that it must be intelligently applied if good is to be the result. That it is a measure that has a place in the general practitioner's outfit cannot be denied, and for want of its application many are compelled to pass through severe trials and sufferings later in life because the doctor had neglected his duty at the beginning of their life.

The attention of the profession has been directed of late to what has been termed, "reflex irritation as a foundation of disease." Many do not penetrate further into its real meaning than the term reflex, not seeming to think a reflex irritation must be dependent upon some real irritation somewhere and that it must have nerve communication with the point it is reflected to, but having retraced the path of the discomfort one or two stations toward its real source, thinking they have made wonderful discoveries, they stop and expend all their force on a difficulty that in itself is but a reflex irritation, though it had proceeded nearer the surface by a few steps. To illustrate this I want to give an extract from a paper by Thomas F. Reilly, M.S., M.D., of New York, on the subject of "Bronchitis, a Symptom."

"This subject was suggested to my mind by a recent case in which an eminent practitioner of the city was prescribing one of the nauseous mixtures known as stimulation expectorant to a patient having an irritable stomach, and who was then suffering from an attack of acute bronchial catarrh of gouty origin.

"Further investigation makes it safe to say that a large number of the profession are as blindly using 'Stoke's Mixture,' or some other similar one to-day in the treatment of acute bronchitis, without any thought of the etiology of the complaint, as did their brethren of a century ago. Later views, in the light of clearer pathological findings, lead us to regard it, as well as many other similar affections of the mucous membrane, as only one manifestation of a constitutional disorder.

"It has been customary to say that bronchitis is due to catching cold, and even the latest text-books, almost without exception, mention that as the commonest cause. That simple exposure of an otherwise normally constituted individual to a draft of air may cause, by reflex nervous influence, a congestion of certain parts of the air passages, cannot be doubted.

"The experiments of Levy, Bishop, and others, have clearly proved this fact. But such a congestion without some morbid agent, or agents, back of it will not cause a true inflammation, otherwise acute catarrhal affections of these structures would be repeatedly occurring in most individuals. However, should there be a toxic factor present in the blood the congestion will certainly favor the deposition of the toxic material there, thus forming 'locus minoris resistentiæ.'

"We know that poisonous matters are constantly excreted by the mucous membranes of the respiratory tract, as well as by the skin and kidneys, and that in the perfect performance of function there must exist a proper balance.

"Barringer, in speaking of uric acid, suggests that in many cases the poisons are kept in solution while the blood is at a certain temperature, but that whenever, in any part of the circulation, the temperature of the blood falls below that point the solubility of the poisons is diminished, and precipitation is likely to occur.

"The causative factor in by far the larger per cent of such cases seen in private practice, is the so-called uric or lithic acid poison; that back of the other there is an unmistakable relation to the acute infections."

It is the old, old question of which is first, "the egg or the chick?" The poisonous matters are retained in the blood because of the imperfect action of the skin and kidney and respiratory tract, or the imperfect action of the respiratory tract, skin and kidneys is due to the presence of the toxic matters in the blood. Which?

Why not go one step farther and find out why the kidneys, skin, etc., are not properly performing their function? And right here is where a knowledge of the orificial philosophy is of value, even to the general practitioner. He is usually the one who has to deal with the acute symptoms, and it is his province to inquire the why and wherefore.

It is conceded that we live by reason of the tonicity of the sympathetic nerve, and whatever interferes with its function lowers the vital tone and prevents the kidneys, skin and respiratory tract from the perfect performance of their functions; or in other words, favors autoinfection from retained poisons. We may call it by whatever name that may suggest itself to our minds, such as uremic poisoning, septicemia or blood poisoning, still the fact remains that any impairment of the sympathetic nervous system by reason of nerve waste so that the excretory organs are unable to eliminate the poison from the blood that is produced in repairing the wornout parts, will produce toxic conditions which we call disease, and give it some name perhaps for the purpose of misleading the unlettered and unlearned, and sometimes even the elect themselves, for the profession have not a clear understanding of what has transpired.

Much stress at present is being laid upon the microbe theory, and he who can discover the greatest number of minute wrigglers with a long name and invent some antitoxine to exterminate the infinitesimal vermin shall be entitled to the highest shaft in the cemetery to mark his last resting place; in the meantime the discoveries and the discoverers "go on, and on, and on like the river, forever." Reilly says, "When one finds people of very different habits, brought into contact for a short time with a person suffering with an acute infection characterized by fever, malaise, and bronchial catarrh, and a short time later these develop the same conditions as the one with the original attack, our suspicions are aroused. For this to happen repeatedly and for the disease to spread by progressive series without a feeling that there is infective agent would be hardly possible and it is the opinion of the writer (Reilly) that the commonest cause of the above symptoms in adults is the so-called uric or lithic acid poison, which, as has been shown above, was the fact that the respiratory tract, the skin and kidneys were not performing their functions properly. Starting from whatever point we may, every effect must follow its cause and when retraced we will be able to show what that cause is, which in the present discussion means the presence of uric or lithic acid in the blood, indicates that the kidney, skin and respiratory tract are not performing their functions properly, and they in turn are not normal in their action because of the impairment of the sympathetic nervous system, and this impairment is due to nerve waste, due to an irritation at some of the orifices of the body which is either congenital or acquired, and to which we ought to give attention ere we commit the folly of trying to destroy the microbe with antitoxines, and sometimes destroying the patient, and leave the cause that produced them still active to do business at the old stand.

All this should be familiar to the general practitioner, for it is at the inception of the disease when there is but little general disturbance that much more can be accomplished than after it has become a habit by reason of the long continuance of the trouble. And the general practitioner, even with his limited means, can accomplish much more than the specialist with his formidable and complicated mode of procedure at a later date when much of the destructive process has been accomplished.

That this can be accomplished has been demonstrated many times. There are a few things, however, that are necessary. First, the general practitioner must be a firm believer in the method, else his work will be performed in a perfunctory manner, more like a man working by the day and not like a skillful physician who is interested in his work and is looking for results rather than brilliancy of execution. He must be so imbued with the idea that he is willing to undergo a little unpopularity for the sake of the good of his patients and the education of the masses. For this is a procedure whose highest aim is to prevent rather than cure, and when fully understood will be accepted by the community in the same spirit that other prophylactic means are, like vaccination for smallpox, or quarantine for the contagious diseases.

It is simply to guard against many of the possible ills that are likely to overtake the victim by putting the machine we call body in the best condition for warding off the attacks of multitudinous microbes by which we are constantly surrounded and thus preventing future disaster. As remarked above, it is to the general practitioner that this properly belongs, for it is in his hands that patient is first placed and it does not require a large gift of prophecy to foretell the probable effects of many of the conditions which, though they are pregnant with danger, still are overlooked by many of the profession and of which there is gross ignorance on the part of the people. Who that has studied orificial irritation and is familiar with the effects of nerve waste, does not know that a tight foreskin, a small meatus, an adherent hood, an irritable hymen, or the many irritations found within the sphincters ani, are many times responsible for the constipation, or frequent diarrhea, an eczema, otorrhea, chronic or frequent headaches, frequent attacks of sore throat or even the croup of children. All these and many more might be enumerated and still not have to look farther than irritations of the orifices to find the adequate predisposing cause, and which if corrected will in a very large majority of the cases successfully ward off future attacks.

This, I take it, is what Dr. Reilly would call his "constitutional disturbance," and which is very easily corrected and will in a very great measure prevent the retaining of the uric or lithic acid in the blood, even

if the temperature of a part should fall below that of the rest of the body. It is one of the axioms of the orificial philosophy that the openings of the body must be free from irritation and that the sphincters shall be easily dilatable, thus giving a circulation that is free and full in every part of the system, and where this condition can be obtained there can be no congestion. The very name congestion means "blood stasis" and how can this be if the circulation be full and free? Under such conditions we can successfully defy hordes of microbes that are constantly attacking us to destroy, as to wage a successful warfare they must first find lodgment; this being denied or prevented by the perfect circulation their power over us is destroyed and we have no need for the antitoxines or microbe killer.

Now this, I contend, is the business of the general practitioner, as his assistance is the first sought and where he finds an individual that frequently needs his services for any of the more common complaints it should be a suspicious symptom to him, from which he should satisfy himself that no irritation exists at the orifices that may undermine the system by keeping up a nerve waste and producing a condition that will favor the production of the germs of disease.

I believe of all the chronic cases applying for help at the various health dispensaries a very large majority need orificial treatment and of these fully 60 per cent are congenital cases and should have been corrected in childhood by the general practitioner. What a monument to the great neglect, or worse still, culpable ignorance, is thus held up to view. Think of a man sixty or more years old being circumcised for a trouble that he has carried all his life, coming, as did the laborers, at the eleventh hour, their reason being, "no man hath hired us." His would be, "the doctor my mother had when I was born was either ignorant or else criminally careless."

A superintendent of the primary schools on the south side of Chicago being informed that much of the restlessness among the pupils was occasioned by physical defects, interested a certain physician in the work and when she found a child that was inattentive sent the doctor to make an examination, and in nearly all of the cases found irritation of some of the terminal nerve fibers, and thus discovered one of the great factors in complete government of her school, that instead of attributing it to the child's willful disposition, found that the disposition, as well as the health, was thus dependent on the physical condition. It is high time that we looked into this principle and exerted ourselves to bring about a more intelligent state of affairs than we have had in the past. Go wherever you will and the same nerve waste is going on which, unless it is remedied, will fill our hospitals and insane asylums and demand a large proportion of the well ones as nurses and

attendants. I believe a solution to this condition lies in the hands of the general practitioner and that it is high time that he qualify himself and that we as a profession demand that it shall be made as much a law as the other sanitary and prohibitory measures that to-day are being unheld and promulgated for the government of the people founded on the old maxim of the greatest good to the greatest number.

The next paper in this section is :

## ORIFICIAL PHILOSOPHY AND ITS RELATION TO DOMESTIC HAPPINESS.

G. R. HERKIMER, M.D.

DOWAGIAC, MICH.



This being my first paper to prepare and read, you will please forbear with me the embarrassment of the moment, for I fear that I am not capable of doing justice to the subject, which I have chosen for my remarks, as it is one of which at least two volumes could be written, had our Dr. Pratt, or many others of our association chosen the subject, instead of myself. But knowing full well the magnitude of the evils occurring from the non-application of

the principles of the orificial philosophy to domestic infelicity, I will do all in my own feeble way to point out these evils, and their remedies.

In no other way does the old proverb, "As ye sow, so shall ye reap," apply with greater force than in this instance. The sympathetic nerve is the one that controls every vital organ in our bodies; controlling their action, never tiring, every keeping a watch over us, even in our sleeping hours; seeing that the heart is regular in its rhythms; controlling the entire blood supply of the system, even to the minutest capillaries; and superintending the changes that take place in the tissues, as the blood passes through them; controlling the globules of blood, as they carry oxygen to every part of our bodies, to rebuild them and recarry the carbonic acid and other poisonous products back to the skin and lungs to be expelled. It looks, after the secretion of all the glands in the body, controlling the kidneys and intestinal canal, in their work of eliminating from the system the poisonous material. Its fibers are connected with those of the cerebro-spinal system, thereby giving it control over every part of our organism, either directly, or by reflexes; and

this great sympathetic tree has its origin in the ganglion of Ribes, and its branches spread forth to all the vital organs of our body, terminating in the lower orifices. Why should we not look for peace, happiness and health, when these orifices are in a healthy condition, and their being so would help us to be one factor in the make-up of domestic happiness? For when we have irritable sphincters, piles, papillæ, fissures, or abnormal prepuce, or hood to the clitoris, irritable urethra, elongated and hypertrophied labia, etc., we are heirs to sexual perversion, as well as to all the chronic diseases, such as asthma, bronchitis, rheumatism, nervous prostration, and in fact, most all diseases of the nervous system, as well as those of the sexual organs. As domestic happiness is dependent on health and peace of mind, we could not look for it when any member of the family were thus afflicted; for if we are sick, we are not happy; and if we are not happy, how can we help to make others happy? A great many pictures of unhappiness can be brought to our mind which are the fruits of the non-application of the orificial philosophy.

I will ask the liberty to quote Dr. Pratt, as to the causes of chronic diseases. First, "It has not been fully appreciated until the last decade, indeed is not now, that upon the integrity of the sympathetic nerve depends the tonicity and nutrition of the entire body, even of the cerebro-spinal system itself." Second, "The first cause of chronic diseases of all kinds, is a lowering of vitality, and insufficient reactive power, a poor circulation, or what is the same thing, a waste of sympathetic nerve force." If these are the main causes of chronic diseases, which I surely believe is true, we could look for different manifestations, according to what organs have the least vital resistance. As time will not permit me to present the different manifestations from a neglect of orificial cases, and their relation to domestic happiness, I will take two cases; one that has its main cause from a neglected rectum, and the other from a neglect of the sexual system.

Examining a number of rectums in infants, I think we will find the majority of diseased rectums commence in a defective external sphincter muscle; soon to be followed by pockets, papillæ, hemorrhoids, ulcers, fistulæ, etc., with all of their bad effects on our general system. About the first mischief we will encounter from a defective external sphincter muscle, in a child, and it has followed many into their majorities, is constipation, with all of its accompaniments. To be sure there are many other causes of constipation, such as not heeding the call of nature, diet (consisting of indigestible food), muscular weakness of the intestines, from lingering diseases, paralytic condition of the bowels, from taking anodynes, and many other causes. But the main cause, especially in infants, is the defective external sphincter muscle.

In reviewing the nerve supply of the rectum, we find that it comes from two sources. It receives an abundant supply from the hypogastric plexus of the sympathetic system, also supplied direct from the spinal system of nerves. Those to the rectum coming from the fourth anterior sacral nerve. This is the only part of the intestinal canal which receives branches direct from the spinal nerves; therefore the great irritability and sensibility of this part can be easily understood. It receives blood from three different sources; the upper part is supplied by the superior hemorrhoidal, a branch of the inferior mesenteric; and the terminal branches of the superior hemorrhoidal passes to the lower part of the rectum; but the principal blood supply to this part comes from the middle and inferior hemorrhoidal, which are branches of the internal iliac and internal pudic. The veins which return the blood from the rectum are numerous, though most is returned through the superior hemorrhoidal vein, and into the portal system. Having considered the nerve and blood supply of the rectum, we can not help seeing the wonderful influence and effect constipation has on our system.

How the external sphincter muscle is the main cause of constipation in infants, and what diseases may result through the neglect of it, and its relation to domestic happiness is the question before us. The external sphincter muscle is a voluntary muscle, and has a greater nerve supply than any other muscle in the body. Thus it is easily irritated and irritates in return; contracting by reflex action in response to any local excitation, such as strongly acid urine coming in contact with the rectum; allowing soiled napkins to remain unchanged; using baby powders that are poisonous to some infants; abrasions, pruritis, fissures, etc. Allowing these irritations to continue, the muscle will naturally increase in size and strength; not only the voluntary action of the muscle is increased in force, but the constant presence of feces in the rectum continually pressing on the terminal branches of the internal pudic nerve, thereby produces an increased irritability of the external sphincter muscle; and in return an increased contraction, until the muscle will cease to respond perfectly to the will when it desires to relax it. And what was a voluntary obstruction becomes an obstruction beyond the will power to entirely remove; and the irritability of the muscle being kept up, it becomes enlarged, and a constant contraction of the muscle exists, which causes the fecal mass to be retained in the rectal pouch, and as a result, we have atony of the muscular coat of the rectum; and instead of the walls of the rectum contracting as they should during the act of defecation, they do not, and consequently it is with great difficulty that the rectum is unloaded. The fecal mass, pressing upon the fibers of the external sphincter, causes a spasmodic contraction to take place; thus the muscle closes instead of dilating, which is revers-



ing the order of nature. This condition being allowed to remain, we soon get the following results: absorption of the liquid portion of the feces into the blood, which is carried to all parts of the system; and as fecal matter can be nothing less than poison to our blood, the red corpuscles soon become diseased; they are altered in color; their health-producing and life-giving property is destroyed. Instead of rosy cheeks and fair complexion, normal circulation, warm feet and hands, good digestion, assimilation and nutrition, we have the poor circulation, dark rings under the eyes, cold hands and feet, nervous depression, poor digestion, assimilation and nutrition. The liquid portion of the feces having been absorbed into the system, leaves a dry, hard mass of fecal material to irritate the external sphincter muscle, thus inducing a more chronic constipation, thereby bringing on catarrhal condition of the rectum, ulceration, fistula, strictures and piles, and if there should be papillæ and pockets in the rectum, they would be greatly aggravated.

Is there any sympathetic nerve waste in a case of this kind? And what can we expect of a child under these conditions? We have a child that will succumb to acute diseases easier, and one that is an heir to most every chronic disease; and the most of these cases can not be cured until the rectum, and the other lower orifices of the body receive the proper attention. This being the case, can we expect to find domestic happiness in a family? Possibly their only child is covered with eczema, they having tried all kinds of medicines and salves, with no benefit, simply trying in vain. At the same time, they are compelled to see the pride of their lives suffering with this terrible disease; and it is not only this suffering of the child that disturbs the happiness of this home, but the looks, as most parents are very proud of the wardrobe of their children, especially the one that Nature provided them with.

I had a very striking case of this kind only a short time ago, the child being covered from head to foot, where everything had failed, and finally they came to me. I suggested circumcision and whatever was needed in the rectal line. In a few days they consented and I removed five papillæ, dilated the rectum, and performed circumcision. Before I made my call the following day, I met the father; he said, "By gracious, Doctor the boy is better already," and I could see more happiness in that home, and it increased every day. It continued to grow better, until the skin is as soft and healthy as any child's; and I am a welcome guest in that home, especially when any of the family are sick.

There are a great many who start out in life under these unfortunate conditions, who have not been afflicted with one of the many chronic diseases which manifests itself outwardly. Allowed to go unattended, thinking it is a trifling affair, they become men and women, Nature ever trying to right the system. Some are fortunate

enough to grow to be healthy, but others grow up with poor digestion, assimilation, nutrition and circulation; the fruits of this being a cold, nervous, selfish, narrow-minded, unforgiving, fault-finding individual; one who is not fit to attend to his business, and would not, if it were not for the almighty dollar back of it. In the wife, we would have one who would not attend to her home duties because she wanted to make home happier, but, thinking that she might receive more money for her wardrobe, or take more pleasure trips during the year; neither one doing their duty for the love or happiness of the other, but more as though they were receiving wages in return for what they were doing for each other, ever finding fault with the little mistakes that are made, instead of overlooking them. With people in this condition, how can we look for domestic happiness? And if not, and the waste of the sympathetic nerve force being the cause of the majority of the diseases with malnutrition, etc., why is it not our duty as physicians to look after the lower orifices of the body from a domestic standpoint, and to do this in infancy, as it is easier to keep out of a rut, than to get out of one.

Closely connected with a faulty rectum, we have the diseased conditions of the sexual organs. A great deal of the unhappiness in domestic life comes from sexual perversion; I think this starts very young in life, and the clitoris and its hood in the female, and the corresponding organ in the male, is the origin of the trouble. I will therefore restrict my remarks on this part of the subject to these organs, thinking if they receive the proper attention in childhood, that we would not have sensuality which is controlled by lust; but would have sexuality which will be controlled by love, and will be one of the main factors to constitute domestic happiness. On reading an article written by Dr. E. P. Miller, of New York, he says, "Do not the females in the lower mammal races confine the sexual act to the production of offspring; and does not this indicate that such should be the rule with regard to the human race?" We admit that the females of the mammal races confine the sexual act to the production of offspring; but do the males of the lower mammal races confine the sexual act to the production of offspring? I say, No, and if it is fair to compare our wives to the females of the lower mammal races, it is also fair to compare the husband to the lower animals. So, if men should follow out nature in the lower animals, they would be obliged to be adulterers, or polygamists; and according to God's word, "Thou shalt not commit adultery," it would be impossible for man to be anything but a sinner. God gave us mental faculties, and the power to love, and to choose a companion that we could love and live for, and help to make life a pleasure, that he did not give the lower animals, and by them sexuality was to be controlled.

If we did not appreciate this gift, love would be converted into lust, and sexuality into sensuality, and thus ruin body and soul, as well as domestic happiness. And a great deal of this can be averted by applying orificial principles to infants; for "As the twig is bent, so is the tree inclined." He said we should not commit adultery, thereby conveying the idea that we were to have sexual relations from the true love standpoint; if not, it would have looked reasonable to me that He would have commanded us like this, "Thou shalt not enter into the sexual act only for the production of the offspring." He also commanded us to love our companion; and what does love mean? We love God, for He can do something for us, and be to us what no one else can be; and we should love our companions, for they were meant to be to us what others were commanded not to be. Therefore I think as Dr. Runnels, of Indianapolis, and will take the liberty to quote him, "I believe the sexual organs were given to people for the expression of love; the sexual act is the complete and highest expression of love. It relieves people of excitability; quiets the brain, and restores the equilibrium of the system, that can be obtained in no other way." There are many come to us with sexual differences, and I will admit that habit, mode of living, dancing, etc., has a bearing on the subject in question; but how often have we heard our Dr. Pratt say that disease (and sensuality is a disease) commences at the mouth of an organ, or where we get an impingement of a terminal nerve fiber. If this be true, sensuality must be a product of an abnormal condition of the clitoris and its hood, as well as the mucous membrane of the vagina; and to those parts corresponding in the male, which we will have to admit can be found in the new born. If these organs are not looked after by attending physicians and parents they are sure to produce sexual desires, long before mind, habit, society or the mode of living will have any influence on them; thus showing that it commences from an irritated condition of the terminal fibers of the sympathetic nerve. If there are any mothers here, no doubt they will recall, that washing their infant boys has produced an erection; and if none here, there is not one of us who has circumcised a few cases, but what has seen the same effect produced when washing and preparing for circumcision. You may say that has nothing to do with the sexual instinct and its perversion, as there is erectile tissue in the corpora cavernosa of an infant, as well as in an adult, and that it was merely an irritation that caused the erection. I cannot agree, as only a short time ago, while taking a strong stand in favor of the orificial philosophy, a mother said, "I doubt what you are saying, as I do not believe in circumcision." After telling her that I saw her little boy playing with himself not half an hour ago, and that before he was six years old he would be a confirmed masturbator, the

cause being due to the neglect of her duty toward her child, I persuaded her to allow me to examine the child. I found the prepuce was adhered to the glans, and removed as large an amount of segma as I had ever seen in any case, thereby convincing the mother that she had not been cleanly with that part of her boy's anatomy. Looking up she said, "Doctor, what do you think of my little girl?" I told her I thought the same attention ought to be given her; she called me to one side, saying, she had caught the three-year-old boy and her little girl, past four, trying to have sexual intercourse. She said, "I have prayed to be enlightened, as I could not understand how they learned such things so young, they having no older playmates." Now is it a fact that it is simply an irritation, with no sexual instinct, that leads these children to form this habit so young; or is it an instinct, which we are all born with; and was intended to ripen, as we grow older, and could be controlled by love, and through the neglect of the terminal fibers of the sympathetic nerve, it has been prematurely ripened? Can a child, starting out in life, under these conditions, be one to complete domestic happiness? Proving of this can be shown by following one of the above children to maturity. If she was not fortunate enough to fall in the hands of an orificial surgeon, no doubt she would follow the same path to ruin, that many others have. Following her in her secret moments, we find her stealing away to accomplish masturbation. When she reaches the age of puberty, the sexual desires are increased at this period; at the same time she is beginning to go in company, attending dances, eating all kinds of food that help to stimulate the sexual organs; and the most serious of all, is that at this time she commences to associate with the opposite sex, and perhaps with one who has had his principles weakened, if not entirely destroyed, by the same neglect. And we soon hear of this same girl under one of two persuasions: a prostitute drifting to a house of ill fame; soon reaching that place, the lowest of all places on earth. Then there is no domestic happiness in her father's home. Or we find her at the age of puberty, or a little later in life, still masturbating, soon becoming religiously inclined, and beseeching God to help her out of this terrible rut; something that her parents and physician are responsible for. No help comes, as God cannot do our part; and soon she becomes the gentler half of a domestic partnership. After all these years of abuse to her sexual organs, weakening them as well as her entire physical, mental and moral being, can we expect a congenial, loving, profitable and non-dissolute domestic partnership? No, instead of love ruling over this moral wreck, we find lust controlling, not only her sexual organs, but her entire being. Soon there is discord in this home, for lust is not forgiving, but is fault-finding; and a demented mind is not capable of reasoning, but is imaginative. In following this case through

I have taken it to the two extremes. Now think of the unhappiness, grief, diseases, premature death, illegitimate children, young women ruined, that might have been noble wives and mothers, which comes between these two extremes.

Oh, what a domestic cyclone, all because the electric button of the sexual system was neglected in childhood.

President Means: If there are no objections, we will have the discussion of each paper immediately after its reading. I believe that would be the preferable way to get an expression on the paper. The paper just read is now open for discussion, and we would like to have a free discussion on this subject.

Dr. Curryer: Mr. President, I am the youngest and the most modest, in my candid judgment, of this whole assembly, and I'm opposed to the management of this convention. I'm opposed to the way you disposed of your own address, and I'm opposed to the manner of disposing of the other papers. Now, I think in order to get the good of these papers while we are here, you should by some means provoke a discussion. I was asked to say something about your address, but I'm not going to do it now. I want to say something about this paper—it is only a very little of the proposition, yet I will say something.

Now the paper, to my mind, is one among the best papers I have ever heard in the meetings of this association. When you strike at the domestic affairs of life you are certain to touch the bottom of civilization. I say when you are touching the domestic affairs of life you are touching the most important affairs of life. He began with the child, which no doubt is the proper place to begin. I was sitting in a convention sometime ago that Dr. Pratt was visiting, and he put the question to a fair-sized audience, "How many physicians in your practice of midwifery, give attention to the sexual organs in the child?" and only two hands went up. Physicians are the guardians of the health, and when they neglect the sexual life or the sexual health, so to speak, they are neglecting their duty. When that important stage has gone by, their duty is the same, and that is to look after the sexual apparatus. I don't believe it is possible (the doctor referring to his subject wanted to treat it in an esthetic way), but I don't believe it is possible for a man and wife to live happily with one or the other or both sexually diseased—I don't believe it is possible; it is a question—I really don't know what love is, and in discussing the question of love, to many minds it would be putting it on a very low basis to say that it was sexual gratification, yet there is a degree of truth in it, and whether we should preach it boldly and above board is a question.

I don't believe, as I said before, that it is possible for married life to be as it should be with either man or wife sexually diseased.

Speaking of constipation—I only want to provoke some of these able men to say something about constipation of infants—I believe what the doctor says; I believe many cases can be effectually cured by simply passing a finger into the rectum. That is perhaps a broad statement. Many times the parents would object to your doing anything, but you can do it under the bedclothes. If you tell them what you are going to do they will object; but I have done it when they were standing by—just slipped my hand under the bedclothes and inserted my finger to get the effect, but they knew nothing about it. I say in regard to other people, I believe the constipation is the result, many times, of pure laziness, procrastination, deferring from one time to another what they should do in the beginning.

President Means: Are there any further remarks on this subject that is before you, either by the writer of the article, or any of the other doctors present?

Dr. George: I was going to say something, but Dr. Curryer has talked so long I don't know as I ought to take any more time. I knew when he was inviting the audience down to the front seats he was going to make a speech—he lives about three squares away from me, and I'm well acquainted with him. (Laughter.)

This paper covers a great deal of ground on a very important matter. I couldn't hear very well all that he said, but there is one thing that I have believed for a long time, and that is that a great many cases of early developed tuberculosis in both young ladies and young gentlemen are due to sexual perversion; in many cases to masturbation, in other cases to excessive sexual indulgence. How to get at those cases is a question. This question of domestic happiness is a great question. It is almost impossible for a physician to go to a mother and make her believe what he knows to be true in some cases—I have tried it. The only way that I know is for physicians in general to understand these things, as they do not surely, and you will find no talks in surgical works, nothing that relieves compared to what we have been led to find out through Dr. Pratt's teaching. I have had mothers get so angry with me they would hardly speak to me, for endeavoring to show them what might be the cause. "What! *my* daughter! Why, she's the best child in the family; why, she reads her bible, and she never cares for company; she obeys her parents—of course she's a little irritable at times." I said, "All those symptoms simply point to what I have told you." The girl was a physical wreck, and had been treated by at least half a dozen physicians, and not one of them had somehow discovered the cause of the trouble, and the

mother got angry when I suggested the cause, and when I faced her with it with the girl, the girl confessed—and then she was mad at the girl and wanted to make an outcast of her.

Dr. Murphy: I cannot say very much on this subject, except in one case that I had that certainly to me was a remarkable case. My first statement would be that I believe that official surgery properly meted out is capable of robbing the divorce courts. Let me cite one case: A lady, aged 29, married at the age of 21; the early years of her married life were what you would call not exactly domestic infelicity, but every now and then a rupture of some sort occurred, still she managed to get along fairly well. But finally her husband decided he would get a divorce. He had associated with gentlemen friends and had gotten intimate enough with some of them to state the conditions at home; and he threatened to get a divorce. The young woman's mother came to me and she said, "My daughter is going to leave her husband, or rather her husband is going to leave her. Now his reason is that he don't have intercourse with her, and I want to know, isn't there something that you can do to prevent it?" Their early life was pleasant. I said to her, "You bring her to me, and I will see if I can help her." She brought her to my office, and the moment I got her into the chair she got into a hysterical contraction, and I could do nothing for her. I then went to the house, but still I couldn't make the examination; the moment my hands came in contact with the hips she tried to get away and screamed. Two weeks after that the husband came to me, and I told him there was only one thing to do—I told him we would go to the house and give her an anesthetic. So we went to the house and she consented—and I was prepared to do anything from a laparotomy to taking out pockets, because I knew her well enough to know I never would get another chance. So we gave her the anesthetic, and there we found a hymen almost intact, and that thickening of the walls we saw this morning in Dr. Pratt's class; sensitive, the vulva entirely denuded of the hair, the sphincters irritable. Suffice to say, I took out that hymen, dilated the sphincters, removed two or three papillæ, and I am satisfied and glad to say she is alive and they are living together as happily as any people—and if that isn't robbing the divorce court I don't know where you would find a case. (Applause.)

President Means: We have had quite a good discussion of that paper. We will now proceed to the next—

Dr. Johns: Mr. President, I want to add one word, and I first want to say I endorse that paper. I think it is one of the best I ever heard in toto.

I had a case of insanity in a young lady about 23 years old, one of

those extremely modest girls—belonged to the Baptist church—and she was intensely interested in her church. She went to church and manifested herself as one of the best of girls. She was, as Dr. George said of one of his cases, somewhat irritable; she was the only one left at home, having a sister previously that died. She had been insane about five weeks, and they were giving her some sort of hypnotics and sedatives, doing everything they could to keep her at home, hoping her mind would get better. There was a physician who was indirectly related to this family visiting them. I had known him in my boyhood, and he told me about the case, and felt very much compromised to have one of the family go insane. I asked him about the young lady, and got from him some of the history, and I suggested the possibility of something of this kind, some orificial irritation, and he said he would go and see and tell me, because if there was any way of stopping it they wanted to do it—didn't want her to go to an asylum. I said I believe that will solve the problem. He told the mother, and we talked together. She said, "My daughter? Impossible to have anything the matter! She take an anesthetic and be exposed—a man look her body over?" Why, she felt insulted that I should suggest such a thing. She was as well as anybody she knew. But a week or two went on, and she got desperate. The girl would get out of bed and go into the street with only one garment on, and maybe that half torn off, and they slept not, they ate not, and it was a question of great importance. They got desperate and sent for me; I went, and she said, "What was it you proposed?" I told her. She said, "It is a question of the asylum or death—I'm killed now—and if you will send for the doctor who communicated with you and bring him here I believe I'll let you try it." I said, "All right; I'll do it." I called him at once. He came. I put her under the anesthetic, and there was all round work to be attended to. I staid there for about two weeks, and I may say she was quiet from the time I gave her the anesthetic. From the time I was through the work they never had any serious trouble to keep her in bed. They instructed her that she had been very seriously out of fix, and the doctor was called in, and she seemed to have sense enough to appreciate the situation. The manifestation was very sudden in the power of control. The mother didn't want me to be known in the case, so I would slip into the room while her father held her, standing between her and me. They had it understood that the mother was dilating the rectum, and I slipped in and did the dilating and slipped out, and she didn't know I was in the room. I came back at the end of two weeks—I had come up here to attend a course of orificial surgery, and when I got home she met me at the gate. Her hair had been cut off, and they had told her she had had typhoid fever



and I had restored her balance, and had left her convalescent. She is now moving to my town, and don't know yet that she ever was insane or ever anything the matter. So I say we might have stopped that by attending to it earlier—we might keep them out of insane asylums. (Applause.)

President Means: We will now proceed to the next subject. We may have very valuable essays to discuss, and we will not take all the time on this subject, though we could talk on this subject all evening and not exhaust it. Dr. Curryer has provoked the discussion he wanted. The next is a paper, the title of which is not given, by Dr. Cora Smith Eaton, of Minneapolis. Is Dr. Eaton present?

Secretary Young: Dr. Eaton is not present, but here is a telegram which she sent:

"MINNEAPOLIS, MINN., Sept. 6, 1800.

*Dr. F. E. Young, Secy. Chicago Homeopathic Medical College, Chicago.*

Greetings to the association. Papers from absentees are not desirable, so I will merely send title of mine as my message to the members, namely, In Hysterectomy Leave One Ovary.

(Signed) CORA SMITH EATON.

President Means: The next section is New Methods, F. E. Young, chairman.

Dr. Young: The first paper is:

## OSTEOPATHY.

A. P. DAVIS, M.D.

CHICAGO.



The President and Members of American Association of Orificial Surgeons, Ladies and Gentlemen: The introduction of this subject seems paradoxical, for to some doubtless it seems absurd that such an interloper should be permitted to occupy the thought of this honorable assembly whose minds have been occupied on subjects at antipodes, in action at least, widely different from the subject now under consideration, and the question naturally presents

itself in this connection, What has osteopathy to do with orificial surgery?

That men differ in opinion, it is reasonable to expect, but that they should differ in or on facts, does not so rationally comport with reason.

Opinion is judgment, estimation, and usually from hearsay testimony. Facts are proven things or propositions thoroughly proven. It is the tendency of the human mind to regard what has not happened to come under the purview of their observation, to go a little slow on, as regards coming to a conclusion, but the estimate, the proper estimate, is usually made on all subjects brought to notice when a community is personally, individually and collectively interested therein, and the conclusion arrived at will be about right, provided the evidence is sufficiently conclusive, then the case in hand receives justice whether it be pro or con, and the conclusion decides the fate of said proposition. Any proposition not supposed to be, beneficial to a community, after due consideration, is rejected, and the advocate most generally receives the contumely his defeat entitles him to.

Osteopathy is not a new thing, but the manner is now considered new, and the claim is perhaps justly laid at the door of Dr. A. T. Still, of the town of Kirksville, Missouri, for to him the majority of the believers in the new science attribute the discovery, the present status of it at least. The philosophy of this science is unique, and while it cannot always be said truthfully to be due to a "dislocated bone," yet they may be in some way implicated in the production of pathological conditions; but the philosophy involved in this science consists in "taking off the pressure" (and we believe that we are justly entitled to the honor of the first use of this phrase as applied to the process of treatment according to the methods used in practicing osteopathy).

#### THE DEFINITION OF OSTEOPATHY.

Osteopathy comes from two Greek words, "osteon," signifying bone, and "pathos," meaning to suffer, and the proper meaning then is "bone-suffering." While this definition seems to be peculiar, when applied to a science as is the word osteopathy, yet, when we consider the conditions and circumstances which produce pain or suffering, the definition will seem to be as appropriate as could be, or as is necessary to comprehend its meaning.

The muscular system consisting of fibrous bands, connective tissue and having the property "to contract," and these muscular fibers merging in most instances into cartilaginous structure, and these dipping down into the periosteum of and fastening to the bone, and these muscular fibers being influenced by heat and cold, we can readily understand that contraction of muscular fiber necessarily tightens down upon bloodvessels and nerves, thus obstructing the circulation of the fluids of the body and thereby pressing upon nerves which produce sensations or stimulus to nerves, and if the contraction is increased, or the blood and other fluids allowed to increase in a given part, the pressure is

increased, and we have pain. Possessing, as we do, over five hundred muscles, it seems reasonable that at some time, under the variety of circumstances attending human life, that we should have excited the nervous system leading to a muscle, or muscles, over-stimulate said fibers, cause them to contract, draw down upon nerves and prevent or interfere with normal function, thereby cause disturbance in the tissue involved, result in stagnation or blood stasis.

To the physiologist this description needs no further elucidation, as regards definition. The practice, the application of this science is peculiar, differing radically in every respect from the various manipulatory processes in vogue, not only in manner but effects; we regard a simple illustration at this place essential.

We recognize the fact that manifest impressions as regards nerves are at their origin or terminus, and that nerves are the media through which intelligence is communicated, and that communication of thought, interrupted or intercepted along the line produces confusion or entire abolition of effects at the end of said filaments. That being the case, it is important that perfect freedom be had in so far as the nerves are concerned. We recognize the fact also, that nerves end everywhere in and on the surface of the body, and that all the functions thereof are superintended by them, and that disturbance of the nerves results in pathological conditions, that pathology is determined by the tissue involved and the particular normal state interfered with.

Disturbance of the nerves which end in the stomach, whether they be pneumogastric or the splanchnic nerves which constitute the solar plexus, the effect is at once recognized by the pathologist. If the anterior half or portion called pneumogastric is impinged there results a condition in the system called alkalinity of the blood, from excessive action being placed upon the splanchnics; and if there is disturbance of function of the splanchnics we have generated an acid condition and these basic principles determine the nature of the pathology produced. The results are as easily determined as any proposition in nature, provided we are informed in reference to the causes and effects of chemical changes.

Whether we regard the system as a unit or made up of parts, and each part a separate entity, we are forced to the conclusion that each part is directly under the supervision of a series of nerve filaments that in some way relate every part with every other part of this marvelously complicated substance called the body, and that elements therein are products resultant of chemical changes brought about by the various admixtures as the fluids pass through the vessels or tubes of the body undergoing changes, it may be in every minute tube throughout the body. The normal; undisturbed circulation perpetuating physiological

results and disturbance in the circulation pathological results, nameable as they may happen to be found in the various parts of the body.

In the one case it may be headache, and in another a wry neck, in another diarrhea, and in another a malignant tumor—all the results of disturbance in the normal action of the nervous system.

We think this explanation simplifies the subject of pathology so that we may understand readily the cause of disease most certainly, without having so much circunlocution and learned hypothesis as now increases the size of the medical libraries of the profession of the present time. Much of the bacteria hypothesis may be better understood from a careful consideration of the facts here shown and fully exemplified in the treatment of disease according to these fundamental facts. The provision made in the physical organism to renovate, purify the blood, ought to be sufficient reason for the recognition of the truth of this proposition. Impingement of terminal nerve fibers is regarded as responsible for the various chronic affections in orificial surgical pathology, and the philosophy surely has had sufficient demonstration to warrant its truth or falsity; and the experiences—the taking off of the pressure—at the endings of nerves shows a marked change in favorable conditions of the most favorable character.

The orificial surgeon will recognize the fact that but a limited part of the body has been the rallying part—the genitalia and sphincters of the lower outlets of the body.

If such wonderful results obtain from these parts, what may we expect when we recognize every part of the body as involved in pathological conditions. This assembly will please to note the fact that favorable results are obtainable without surgical operations, in the simple fact, *taking off the pressure*, and at once restoring normal function to all parts.

That removal of redundant tissue is a necessity is conceded, but that much surgery is obviated by the proper application of osteopathy is certainly obvious. When it is known that primary and incipient throat affections that were thought to necessitate the trochar can be restored readily by osteopathic manipulations, the trochar will be less thought of.

There are certain centers in the brain which govern or control action. It is said by phrenologists that there are forty-two distinct faculties in the brain. These faculties are so distinct that each one is said to be the source from which come the various and sundry degrees of talent manifest in the body, and are the body builders. If this be so, and the faculties build up the endless variety of the constituents of the body, and form the various shapes, size and consistency of tissue, bone and muscle, have we not in this science the starting point for a basis of all science which has to do with humanity? If the thought centered upon

a shriveled mammary gland starts its growth and in time produces a well developed gland, thought being conveyed through the nervous system, have we not a correct hypothesis at least, that disease or pathological states may be favorably effected by the stimulation of these nerve filaments, either as they emerge from the foramina in the bone, the spinal column, or along the line of distribution or at their end-fibers? That a great field is opened for consideration in this regard is surely the case, cannot be gainsaid or denied. The experiments already made and the results obtained have elicited the attention of many, and we now have such an army of manipulators and schools established to teach this idea, that the long-established order of medical dispensers for human ills has been induced to implead legislative bodies to intercept it, and to pass laws inhibiting its practice. What body does not resist encroachments upon its established customs? The home of the scientist is in the environments of his habitual sphere, and his faculty of inhibiteness being disturbed his combativeness is aroused, and when argument ceases to dominate, his destructiveness is called into action and caution placed in the background until acquisitiveness is satisfied; so that a war to the hilt is on the tapis. The use and abuse of these faculties is manifest even in the investigation of great and important truths. Some men seem to have but three faculties—acquisitiveness, combativeness, and destructiveness, which are ever brought into use, forgetting or never knowing that the dormant, unused faculties, if used, would create a feeling of toleration that would modify their strained mentality to proper limitations. It will be found upon investigation that all the faculties in the brain are large or small in proportion to their use, and their functions are governed by the blood supply these various centers receive.

We may never know how these functions are performed, but it is evident that mind is the moving, as well as the direct source from which all growth is derived, and that through nerve filaments mind is conveyed, and results follow in accordance with established law. To deal with mind requires mind on the part of the manipulator. Mind means intelligence and intelligence is always in proportion to the degree of use or familiarity in a given direction. The skillful use of mind depends largely or exclusively upon the strength of the faculties involved, and this strength is dependent upon the combination of faculties. That no two individuals are exactly alike is self-evident from ages of observation, and we learn a lesson here that in all pathological conditions only characteristic similarities are manifest, and that these are different in different individuals. Temperament, heredity, cultivation and circumstances make up the differences, but in our treatment there are certain great landmarks to be observed, and the minutia involved adapts itself to

the influences of the greater. Adjustment seems to be the law of regulation of the various parts of the body, and the endless variety of means to be used to bring about this condition are the things the intelligent manipulator is required to be familiar with to be successful.

#### THE ADVANTAGES OF KNOWING OSTEOPATHY.

There are times in the life of every conscientious practitioner when a little knowledge of something outside of the ordinary routine may be utilized to great advantage. The lifting out of a dilemma of confusion when all resources seemed to have been exhausted, by an additional hint from another source (out of the ordinary) and be able to relieve the patient as well as self, save a soul from suffering and death perhaps, is a desideratum not to be spurned. That osteopathy can be, may be, and often is used with apropos satisfaction is certainly possible, even to the "wedded to his idol" physician. Diseases which seem not to yield to a well-selected remedy or remedies, are often astonishingly and satisfactorily overcome by a proper application of the methods in use among osteopaths, seemingly so simple that they are regarded with contumely and ridicule, proving most conclusively that "one head does not contain it all," but that "some good may come out of Nazareth" even if despised and rejected. The reasonableness as well as the efficacy of this science commends it to the thinkers and philanthropically inclined in the medical profession, and while it may never supersede the various theories and sciences now in vogue, it will certainly modify the practices. If it could be so used as to accomplish what it is capable of doing, properly applied—the taking off of the pressure—there would be but little use for other methods of treatment, but it, like all other great measures, will pass through its season of aggression and be the butt of pretenders and designing schemers for the money that is in it, and the philosophy will be extolled, a few persist in its application, but the labor attendant upon its application to the cure of disease will present an insurmountable barrier to its use with some at least, and the easier way will be sought, so that the maxim "Earn thy bread by the sweat of thy brow" will be ignored, and considered "a non-essential" as a saving ordinance, and some short-cut measure supersede it in practice—but its philosophy will occupy many pages that shall make up the history of the healing art in the ages yet future.

There is already born a twin sister to osteopathy in the present century that shines out before the few with the brilliancy of a constellation of the first magnitude, that presages extraordinary advantages over its companion in tribulation, that threatens to excel. Name, Chiropractic. The same philosophy, but differently applied.

## CONSIDERATION OF THE NERVOUS SYSTEM.

Without the nervous system we would not be; that is, there would be no perceptible manifestation of being, for manifestation is through the nervous system, and that the nervous system begins and ends somewhere is a fairly well established conclusion among anatomists and physiologists. That each nerve has a special origin and performs specific functions we are wont to believe. That the leashes of nerves originate in certain localities in a topographical sense is also readily accepted by some, at least, and that a normal distribution of blood to these special parts produces a normal development is a demonstrated fact. That an excess of blood in a particular part of the brain produces stimulation at the origin of the nerve filament and along the nerves involved clear to their endings, there is strong evidence to sustain. That excessive stagnation—congestion—in the brain results in lessened or total disturbance of function, manifest in paralysis or some other pathological condition, is fully believed, so that, in the discussion of the philosophy of the principles upon which the science of osteopathy is founded, we take into consideration normal as well as pathological conditions. The osteopathic idea is that many, if not all, diseases are the product of nervous disturbance; that disturbance is seen in venous congestion, and in the stases or congestion we discover blood changes, chemical changes, and in the venous fluid materies morbi are generally started. That being the case, manipulations which produce freedom of the circulation—the onward flow of the venous blood, relieve the difficulty.

Osteopaths recognize the veins in the light of sewers of the body, and that if they are kept in a state of cleanliness and properly active, disease is a stranger to the citadel.

The osteopathist, if he properly understands the science and its application, the how to use the *levers*, the limbs, to adjust the various parts of the system to itself, takes off the pressure, liberates the nervous and muscular systems so that freedom of the circulation of the fluids is effected, and by repetition of these manipulations at proper intervals, a habit or a natural condition ensues. The result is a normal state. Any reasonable person can readily understand that mechanical methods are of immense utility in the practice of this science. There need be no prejudice engendered in the minds of medical men nor surgeons on account of the success and adaptability, the necessity of these means in the cure of many pathological conditions that do not, nor will not down through their methods, but every one should at least concede to the other fellow the right to exercise himself in the execution of his best efforts to ameliorate suffering humanity—climb down from his assumed elevation of his way to do a thing, and recognize the fact that adaptabil-

ity is sometimes a consideration on the part of the other means used, and that each epoch in the cycle brings out methods suited to the emergency, and that if they abrogate old ways, the time-server of the ages past ought to concede the fact that his ancestors were new-departure fiends at a time as well as the modern thinker—so that we are even again. When we shall have learned the uses of the various faculties of the brain, we shall know how to “gently scan our brother man.”

#### THE USE OF FORCEPS IN DELIVERY.

Whether we are accustomed to use them on sundry and various occasions or not, in these cases, either from habit or to facilitate time, so as to hasten to the next case, you will be gratified to learn that there is a better way, easier, safer, and when understandingly used, far more effectual, hence satisfactory. When we consider that nature is prepared for the execution of its own laws, and that for three-fourths of a year she has prepared herself to perform an act that ushers into the fellowship of the household a living being, with all of the possibilities of greatness, goodness, love and affection that binds tighter the bond of union, and cheers the parental fireside with all that makes life worth living, is it not a pleasure to know that osteopathy lays claim to ameliorate and so modify the anxiety and the dread of the parturient process that it is made a pleasure rather than a dread?

It lightens the burden and takes off the load that bears upon the mind of the expectant mother, the fear of untold misery that may end in closing the career of the loved and the center of the affection of the home, and life flows on as a peaceful river, with no dread of consequences, as experienced by millions secundem artem. Were there nothing else that can commend the use of osteopathy to the consideration of the medical profession, this one is surely enough to place it high up in the scale of worthy discoveries. Its application is so simple that the accoucheur need not blunder in its application. When it is understood that there are certain leashes of nerves which control action of certain parts, to properly regulate their action controls the parts to which they go or end in, when we know how to direct their action, we make them subservient to our will. The nerves that emerge from the second lumbar vertebra seem to superintend the functions of the genitalia, and those ending in the fundus uteri, being nerves of motion, reached by the sympathetic ganglia through the leash called the clitoris, to effect the contractility of the uterus, we press gently, firmly upon the clitoris, either side, drawing upward and continuously pressing thus. We soon find that pains which had been “wandering, unsuccessful, out of place, ineffectual, begin to center in the uterus, the os dilates rapidly, the pains assume an expulsive character, and labor progresses to a favor-



able terminaton in a short time. There should be moderate but firm pressure at the junction of the second lumbar vertebra at the same time or a little later on in the stage of parturition, thus facilitating expulsion naturally, rapidly, safely, for a general relaxation of the soft parts is thus engendered, preventing perineal laceration.

The pressure upon the clitoris to remove the placenta is equally as effectual, and there being a natural tearing off of its attachment from the fundus down, as contractions go on, hemorrhage is thus obviated; but should hemorrhage ensue, the sudden jerking of a wisp of the cilia on the mons, will check the flow at once. These measures are surely worthy the consideration of the profession generally. Application of the principles of this science will result in satisfaction to the honest seeker after truth. The principles are invulnerable.

President Means: The paper of Dr. Davis is before you. I would just say that some of the recommendations presented by Dr. Davis are remarkable, to say the least. I don't know whether any of you have had any experience at all in the line of osteopathy or in controlling pains in parturition, aiding parturition, but I would like to see that demonstrated before I would believe it. Now that may be true, but I would like to see it demonstrated, and it can easily be done because there is not a physician who does not have a case or two occasionally. I believe I understand that article well enough to apply it in my next case, which I think will be within ten days after I get home. Now I have had no experience in that line, but I heard a little talk in reference to an osteopath who lives in our neighborhood. He said that he could confine a woman easily and without instruments—

A Doctor: He ought to have a leather medal.

Dr. Curryer: He ought to have a gold medal.

President Means (continuing): I heard that he undertook the case, and left the case, and that another physician delivered the woman with instruments. That is the story I heard—probably he didn't understand osteopathy. I don't say that is a matter of untruth, because it is a matter that can be demonstrated so easily, and I shall be one at least who shall endeavor to demonstrate it.

Dr. Davis: The first time I tried osteopathic methods was with a lady who was being confined with the second child. It was when I was a student. The first child had been delivered with instruments, and I tried the osteopathic methods, and she was delivered in a short time and without instruments. I did not say it was without pain.

Dr. John: I knew a lady, the mother of six children, and she said she never had any pain with any of them, and the doctor says so, too. He said she would sit up in bed and ask him to take the baby.

Dr. Davis: I wish to make a statement. In my paper I do not say

that labor can be had without any pain, but I say we can lessen the pain if we lessen the obstacles in the case. You know what it is to come to a case that has been in labor 24 to 48 hours, and you have waited and waited till the first pain comes—I have ridden miles to come to that kind of a case. And when you understand the nervous system and know where to put your finger, you can cure almost all kinds of nervous diseases; you can reach nearly all of them when you understand how you can reach them; when you understand what nerves supply an organ you can produce two conditions, either action or non-action. I can put my hand at the base of the brain and from one second to one minute I can relieve ordinary headache.

I was one of the first graduates of orificial surgery; have been a member of this organization ever since it started, and haven't a single word to say against it, but everything in its praise; but if we can take off the pressure and produce results that will astonish ourselves, without the drawing of blood—isn't it better? I am not introducing this as an obstacle to orificial surgery or an obstacle to the proper means God has put into our hands, but I regard osteopathy as clearly one of the other sciences.

Consider diarrhea and flux. Lay the individual on the side of the bed with her back to you; put your finger and thumb at the beginning of the sacrum, pull the leg back with your finger still at that point, until it is almost painful, then let it swing back; and then put your finger a little higher up, and so on, going up to the juncture of the lumbar and dorsal nerves—and once going up that way will stop your diarrhea instantly in a large majority of cases. And it will do the same in flux—about the junction of the dorsal and lumbar region, and you will relieve the flux pains. It is worth knowing.

Suppose you have been called to a woman who has been in labor 24 hours and she is only in the commencement of her pains. You press on either side of the clitoris close and hard and you will center those pains in the fundus of the uterus, and you will find that the os will be dilated; then put your hand on the second sacral foramina and you will find that the soft parts that are concerned in parturition will be relaxed and there will be no laceration. Of course any physician ought to know how to support the perineum to prevent laceration. But these are facts worthy of our consideration.

President Means: Any further remarks?

Dr. Curryer: I have been very much interested in this paper. I don't think I know anything about osteopathy especially, but am interested in the subject in a general way. I believe the gentleman in his paper, but I don't know just how he would do it. He said that they were the first to claim the doctrine of relief by taking off the pressure.

Now we have pressure from so many causes, as surgeons know, aside from dislocation of bones—we may have it from tumors, neuroma or any growth that makes pressure, simply hyperemia, inflammatory or a cicatricial tissue—why, I hardly know just what the doctor would do with a large cicatricial plug in the cervix that they might encounter. It might be that they could—I don't believe it is safe to say anything is impossible, but when after thirty-two years' experience as a general practitioner in cases of confinement, to say that confinement can be made "a pleasure"—it perhaps presses a little upon my credulity. There are so many horrible, harrowing things I have been through in my time, that if we could know that all in the world we'd need to do would be simply to press the button, it would be a Godsend—now I feel that way. (Laughter.) While I never expect to be confined, I have a regard for the patient's feelings. It occurred to me while the doctor was explaining about this pressure on the clitoridian button, that if it were commonly understood it might be a bad practice, for there are many pregnant persons who would attempt to be delivered before the nine months, and they might be pressing the button all the while (applause), and so the human race might stop instanter. (Laughter.) This might be a doctrine that is bad. When you can by pressure relax the cervix and the perineum and have everything loose, I am surprised. I did say when I first came to these meetings that I thought they were the biggest pack of liars I ever heard; they told the most unreasonable things, and the last time I was here before they told me they could cure cross eyes by operating on the rectum, and I said I could believe anything. But I'm shocked again. I don't know where I am. (Applause and laughter.)

Dr. McCanon: I am not a member of the association; neither am I an osteopath, or homeopath, for that matter. I am not of any party. I do simply what I think is best for my patient. Among other things I have investigated osteopathy, and I have thought this, that it is one of the unfortunate things that osteopathy should hail from Missouri instead of from the medical college. But it is nevertheless a fact that osteopathy can sustain all its claims. I know this from actual experience.

Dr. Curryer: All its claims?

Dr. McCanon: All, so far as investigated. I don't deny that there is in osteopathy, the same as in medicine, some who claim a great many things they don't know anything about. Dr. Pratt told us yesterday there are those who will tell us they had done things they had not done, and that that was only in the man's mind, and while they were not liars they were misleading in their statements. But I want to say to you that any physician who has the interest of his patients at heart will go to work to investigate osteopathy. (Applause.)

Dr. Marie Louise Hunt: While I am not an osteopath I can endorse what Dr. Davis has said. I read the method in Barber's book on Osteopathy, and tried it in one case, and it worked well. I had been with the same patient five years before when she had a very hard time, instruments having to be used to deliver the child. This method certainly did regulate and hasten the pains with a fairly comfortable time, without the use of instruments.

Dr. Drake: I don't know anything about osteopathy, but I am sorry Dr. Curryer has so little confidence in the female portion of humanity as to think they would do such things. I will say we have a school of osteopathy in Des Moines and we are compelled to believe they are doing some good, in fact, a good deal. To be honest, we have to believe because they are under our noses, because they take patients from every one of us and do for them what we have not been able to do. I have attributed it to the fact that they study the nervous system much more closely than we, and they are better able to adapt treatment to the different classes of disease than we are. I think we all fall short in that matter. We do not study the nervous system sufficiently. Those of us who have practiced medicine twenty-five or thirty years accept the fact that diseases are largely controlled or come from some special nervous center, and I have to believe because I have seen those treatments given and seen the people recover by getting at those nerve centers and removing the pressure—it is a good deal like using the dilator in the rectum, we know we remove congestion, stasis, and a great many patients recover in that way without any surgical operation or any other treatment. So this is coming on as a scientific treatment. Of course we know they don't claim to make a surgical operation; it may take some cases from the surgeon, because we often operate where possibly the trouble could be removed by certain manipulations, and if we understand those manipulations, we might save a great many patients that die, and I would not criticise the study under any consideration. While I haven't been able to make a study of it, yet I am confident it is something we must know—and no use to get our backs up, because they are the finest anatomists in the world; they are fine anatomists and physiologists, and I would hardly dare say much against it, because it is going to be a competitor right through and the better we know it, the better we will be able to combat it if we choose to do so.

Dr. Johns: We have three osteopaths in our town, two of them are together and one by himself. He says the others don't know anything, and they can't do everything, but they work ahead. One thing I noticed about it was that you sign an agreement when you go there to be treated for a month for from ten dollars up to fifty dollars, and you get

the promise of getting well. They are making money like everything. But there is one man out there that doesn't promise so much. Every now and then I hear a good report of that one man, and he seems to be acting very decently. Now this gentleman referred to this treatment as coming to stay. I believe there is something good in it. As Dr. Pratt said in his class that I attended first, "There are men here who will graduate in a week, and go home and practice orificial surgery a little while and quit;" and he said, "There are men here who are after the fee there is in it, and they will not stay long, they will have to get out for better men." The same thought will apply to this osteopathy, and I really believe I am broad enough to let these men come in, this subject come in. I think we ought to investigate it, and I think we ought not to condemn it without knowing something about it—just as Dr. Pratt preaches every day. I am glad this paper is before us. It will do us good to look up this question of nervous energy. I need it and you need it—we can't know too much about this human body.

Dr. Davis: I wish to thank this audience for the favorable remarks to osteopathy. I advise you to investigate it. One doctor says there are a great many practicing for the money there is in it. What other science has not been debased in that way? Osteopathy is a great and grand science. Begin with the action from the proximal end, remember that. Understand it,—action from the proximal ends of the nerves as well as the distal ends of them,—when you study with that light you will understand osteopathy.

President Means: The next paper is by the chairman of this section, Dr. F. E. Young.

### GANGRENE OF RECTUM, PERINEUM AND SCROTUM.

F. E. YOUNG, M.D.

CANTON, O.

Mr. President, Members of the Association and Friends: As this is the section on New Methods, I thought it proper to report to you a very unusual case of neglected rectal disease, which culminated in gangrene of the rectum, perineum and scrotum; the treatment pursued was new and very successful.

Mr. F. B. H., age 56, soldier during War of the Rebellion, traveling salesman, was admitted on Thanksgiving day, 1898. He had always had good health until five years ago, when he had an abscess near the anus, which was lanced and left a fistula.

The fistula caused but little trouble, discharging only a little occasionally and finally closed entirely, and he thought he was entirely well, and did not realize that he had any serious rectal trouble. He became

somewhat nervous, used tobacco, and drank to excess. About a year ago his eyesight became so poor that he could not see to read or tell the time by his watch. Hearing was so poor that he could not hear ordinary conversation, and he quit traveling, took a position in the office, but soon had to give that up also.

He was treated by an eminent oculist for a number of months without benefit. He diagnosed it alcohol and tobacco amblyopia. Another abscess appeared, which was neglected, and the bowels were badly constipated. He had been drinking hard and smoking almost continuously. The night before applying to me he had severe pain in the bowels and made several attempts to have a movement. Almost blind, almost deaf, besotted and nervous, he was indeed a pitiful sight groping his way about. On examination I found the anal and perineal regions, the scrotum and penis enormously swollen. The penis looked like a translucent bag of water, the scrotum and perineum were black and cuticle slipping off at places. I opened the scrotum freely by crucial incisions, and removed about two quarts of the foulest smelling fluid, dark and grumous looking like coffee grounds. I then attempted to wash out the bowels by a flushing, but the water escaped by the opening in the scrotum. It was evident that there was a perforation of the rectum above the sphincters, that the pressure from above had forced the contents of the bowel, as well as that of the abscess, through under the skin into the scrotum and caused death of the tissues. I afterward found the perforation to be in the rear wall of the rectum in front of the coccyx.

The next question was, what would be the best dressing to use? Guided by my experience in removing and healing cancers after killing with a plaster, I concluded to cover the affected parts with antiphlogistine. It is a splendid disinfectant, dries up the dead tissue, relieves the inflammation and swelling in living tissue, the line of demarcation is soon established and when separation occurs, it favors granulation and heals the wound rapidly, leaving but little scar tissue.

I covered the parts freely with antiphlogistine and put the patient to bed. By this time patient was delirious and unconscious, and remained so for three weeks. I expected him to die. When I saw he had a fair chance to recover, but while he was still unconscious, I took a picture the third week. By this time the slough had separated, the swelling was gone and healing going on rapidly. I intended to have a picture showing the results of the healing, but was disappointed at the last moment, but will say there is scarcely any deformity; the only place showing any scar is just under the penis and about as large as the thumb nail, running down the front of scrotum, but little more pronounced than the natural raphe.

As I have said, patient was delirious and unconscious for three weeks

a good portion of the time; had to keep a straight-jacket on him and tie him to the bed, and it required two or three men to control him.

The antiphlogistine dressings were changed night and morning, and as often as they were soiled by excretions. I could control the urine by frequent use of catheter, but diarrhea persisted for some time.

The line of demarcation was soon established, and on the fourth day the posterior portion of the slough was seen to be detached. Grasping it with forceps, while assistants held him, lying on the side, I gently removed a piece of dead tissue about the size and general shape of the hand with thumb and fingers brought close together and extended. It was black and foul and extended from lower end of the spine forward to the scrotum, where I cut it off. There was a strip of living skin across from one side to the other just back of scrotum. I left the dead scrotum two days longer to support the testicles, which I supposed still retained their vitality.

On the sixth day I found the scrotum had slipped off at the root of the penis, and I then removed the entire scrotum and dartos tissue and it left the testicles entirely bare, supported only by the cords.

The question then arose how to support the testicles, especially as the patient in his delirium was continually trying to pull off the dressings and get out of bed.

Wishing to continue the antiphlogistine dressing, I shaved the pubes, cut a cloth to shape, with a hole for the penis, spread the cloth well with antiphlogistine, laid it on the testicles, brought them well up, so as not to have tension on the cords, put the penis through the hole and brought cloth up over pubes and pasted fast with the antiphlogistine. I covered it with cotton and a good T bandage.

This proved to be a good support for the testicles, as well as a healing dressing for the wounds, the antiphlogistine being just adhesive enough to stay in place well for twelve hours, after which time it was easily removed.

Healing went forward rapidly, so that by the end of four weeks one testicle was safely enclosed. The next week the other and perineum also, so that patient was able to go to the table for his New Year's dinner.

He gained in strength and weight rapidly and in three months resumed his former position.

I have here his picture taken at the time of his dismissal.

The most wonderful part of it was the fact that his tobacco and alcohol amblyopia was entirely cured, he could see to read and write without glasses. His hearing had also improved to such an extent that he could hear ordinary conversation.

I consider antiphlogistine one of the best dressings for open wounds

where there is swelling and suppuration and especially where there is dead tissue for nature to throw off. In the removal of cancers by a killing plaster, they are usually poulticed out or, in other words, rotted out with poultices. Besides the labor of changing the poultices frequently and the heat, weight, and discomfort to the patient, the suppuration becomes excessive and very offensive.

Antiphlogistine relieves the swelling; prevents suppuration, dries up the dead tissue and promotes granulation and heals the wound, leaving very little scar.

It only needs changing once or twice a day.

President Means: That ends the section. Any remarks on this article of Dr. Young's?

Dr. Curryer: Mr. President, I wish somebody would say something.

President Means: I was going to say something myself.

Dr. Curryer: Well, go ahead.

President Means: I was going to say that the application of antiphlogistine to open wounds would seem to me to be objectionable unless you have something under it. I don't understand that antiphlogistine is antiseptic at all, I regard it simply as a species of poultice; I use it on the surface as a poultice, but I never use it on open wounds; I don't think it is applicable to open wounds. If no one has any suggestion to make we will proceed to the next paper.

Dr. Curryer: What struck me as very strange was putting it on the bare testicle; it would seem to induce those nerve impingements we hear so much about, and looking at the picture I see there is a growth of skin.

Dr. Young: That was taken three weeks after; at the right of the scrotum there was a piece of skin about half an inch wide.

Dr. Curryer: It seems to me that is remarkable. I like the antiphlogistine and look on it as a remarkable remedy, but I haven't used it on open wounds.

Dr. Young: That is the point I wanted to bring before you, the use of antiphlogistine on open wounds, especially where there is dead tissue and foul-smelling odors. Those testicles were entirely bare, and they covered nicely with granulations; the tissue was drawn over, of course, the root of the scrotum and helped to cover—it wasn't covered altogether by new tissue, but it formed a very respectable scrotum—a scrotum that, as physicians, even you would scarcely recognize as a repaired scrotum.

Dr. Curryer: It seems to me a remarkable case.

Dr. Johns: Dr. Curryer is shocked again. But I know of two cases



where the scrotum was restored, one case was a cancer and the other was a wound. You would have to see it to believe it.

President Means: We will have to make allowances for Dr. Curryer.

A Doctor: Was any skin grafting necessary?

Dr. Young: No skin grafting.

A Doctor: Formed its own skin?

Dr. Young: Yes, sir.

President Means: The next paper is:

### A VALUABLE TREATMENT FOR ENDOMETRITIS.

MARGARET KOCH, M.D.

MINNEAPOLIS, MINN.



This treatment was first suggested to me by Dr. Jeannie W. Martine, of New York, in an article on "Dilating with Faradism," which appeared in the December, '98, number of the *Journal of Electro-Therapeutics*. I followed her plan of dilating under the anesthetic effects of faradism, using the instruments I had at hand. The additional points of the treatment were suggested by the needs of the individual cases treated, and the possibilities of the instrument I was using, rather

than by any original idea of my own. My instrument is a Molesworth dilator, which consists of:

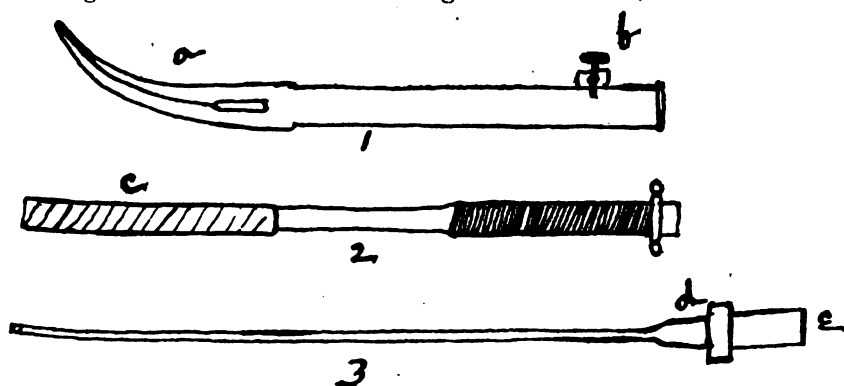
1. An outside tube, tapering at (a) with the normal uterine curve and divided into four blades. At the other end (b) I had a binding post attached.

2. The dilator tubes in two sizes, the portion (c) being flexible and thus adjustable to the curve.

3. An irrigation tube which is so constructed at (d) as to allow a perfectly free return flow. At the distal end (e) I had a flare made, for attaching the syringe tubing.

4. A hard rubber piston syringe which can be used either to inject fluids into the uterus or by means of suction to empty it. The Molesworth instrument is made of steel and is not insulated, but insulation can be accomplished by using a hard rubber speculum or by slipping a piece of rubber tubing over the dilator where it touches the speculum. I give the treatment by applying one pole of the battery by means of a large

pad over the abdomen and attaching the other to the outer tube of the instrument by means of the binding post. The instrument is placed in the uterus and the current turned on. I use the secondary faradic with the fine wire coil, waiting two or three minutes before beginning to dilate to get a better anesthetic effect. After dilating as much as can be borne, I introduce the irrigation tube attached to a fountain syringe and wash out the uterus with medicated water, using a pint or more at a temperature of  $120^{\circ}$  F. It is surprising how hot it can be used without the slightest discomfort to the patient; in fact, I find that it is usually very soothing. The dilatation can be continued during the irrigation if desired. Any medication indicated may be used in the water. Belladonna is most useful in cases of contracted internal os with extreme sensitiveness while in subinvolution with endometritis, hydrastis has given good results. Before removing the instrument, detach the tube



of the fountain syringe and use the suction syringe to extract every particle of water from the uterus, and thus prevent all possibility of trouble from fluid entering the fallopian tubes. Though I have never had any unfavorable effects whatever follow in cases where this precaution was not taken. Finish the treatment by placing a tampon of boro glyceride with hydrastis, belladonna or whatever the needs of the case may suggest. I have found the vaginal suppositories put up by Otis Clapp and Sons, of Boston, very convenient and satisfactory. Last but by no means least, have the patient lie down for fifteen or twenty minutes before going home. The time required to give this treatment is from twenty minutes to a half hour, but it pays, as so much can be done at one time. We have not only the dilatation and the beneficial effect of the electricity, but drainage, irrigation and heat, which are especially important in subinvolution and endometritis while the local application of indicated drugs can be made at the same time and all with very little discomfort to the patient.

In cases of dysmenorrhea due to contraction of the internal os it is

well to give the treatment twice a week, but in chronic cases of endometritis I seldom give it oftener than once a week, and in many severe cases it is surprising what relief even three or four treatments will give.

President Means: This valuable paper is before you; any one wish to make any remarks about the treatment of the doctor? I always think that an essay that will suggest something tangible is worth discussing, and her treatment of endometritis is practical and to the point.

Dr. Drake: I believe it is customary to make some disposition of the President's address.

Vice-President Johns: Ladies and gentlemen, we have the President's address, certainly a good address, one in keeping with our work, and I think it right and proper that we should have the address examined into and approved and have it published.

Dr. Drake: I move you, Mr. President, that the matter be referred to a committee of three, who shall report to-morrow afternoon.

Motion carried.

Vice-President Johns: I will appoint Dr. Drake, Dr. Aldrich and Dr. Curryer.

On motion the convention adjourned to meet Thursday afternoon, Sept. 7, 1899, at 3 o'clock.

## THE TREATMENT OF STERILITY BY MEANS OF INTRA-PELVIC MASSAGE.

HUDSON D. BISHOP, M.D.

CLEVELAND, O.



The study of procreation is certainly one that commands the interest of every medical man, and whenever there comes a patient who is sterile, either primarily or acquired, it becomes the imperative duty of the physician to bring into use every available means of relief. It is not the object of this paper to discuss the various causes of the condition, but to call attention to a method of cure which is applicable to a by no means small proportion of cases. I refer to the

use of intra-pelvic and general massage in those cases in which there is local disease of the uterus and appendages.

Authorities differ widely as to the real influence of diseases of the

ovaries and tubes, uterine displacements, adhesions, etc., upon fecundity. Many women, it is true, have any or all of these conditions in whom pregnancy takes place, yet there are many cases of long standing sterility which after correction of the local disease become pregnant.

If there is inflammatory disease or its results of the ovaries, parametric-tubes or womb itself this form of treatment will often—even in cases which are inoperable—lead to the occurrence of pregnancy. I report three cases which I think will illustrate the results of this treatment which was resorted to after operative measures had failed to relieve:

Case 1.—Mrs. B. Menstruation began when she was thirteen years old and continued regular. Dysmenorrhea from the time of second menstrual period; had had much local treatment and one operation—divulsion and curettage to correct a retroflexion. Following this operation, had a parametric inflammation, which was probably due to infection and which resulted in abscess formation. After this attack she married, but dysmenorrhea continued, and in addition she suffered from a subacute ovaritis. She consulted me about two years after marriage. There was marked retroversion, ovaritis and inflammatory exudates throughout the pelvis. There was a severe endometritis and not being willing to submit to a radical operation, I dilated the cervical canal and curetted the endometrium, following this up with intra-uterine treatment. The dysmenorrhea was relieved for a year, but the ovaritis continued. During this time repeated attempts to secure impregnation were made, but with no success. At this time general massage was begun and was followed later by intra-pelvic massage. The loosening up of adhesions was very slow—at least six months elapsing before there was any marked improvement in the dysmenorrhea or other pelvic pain. After nine months' treatment impregnation resulted—the period of sterility having lasted for eight years.

Case 2.—Mrs. W. Had one child, stillborn, fourteen months after marriage. Following this had a puerperal infection resulting in inflammatory adhesions throughout pelvis. When I first saw her she had marked retroversion, endometritis and general tenderness in parametrium. She had been sterile for seven years. I curetted and repaired the cervix and perineum. The endometritis was cured and remained so—but the acquired sterility continued. After four months' treatment by means of intra-pelvic massage she became pregnant.

Case 3.—This was one of the worst cases of adhesions and inflammatory exudates in the pelvis that I have ever seen. The history of the trouble dates back before the time of puberty. When a child she had a bad fall, from which she suffered for a long time. She always had dysmenorrhea and had had much local treatment and two operations to correct it, but without success. From the time of her marriage, eight

years ago, she has been a constant sufferer. Three consultants advised an exploratory incision, though always with a doubtful prognosis. I finally advised intra-pelvic and general massage, though with little hope of its doing good. The improvement was gradual. Some pains were relieved, while others persisted. After three months' treatment the mobility of the womb was much improved, but the inflammatory exudates seemed as dense as ever. The treatment, however, had given her more relief than any or all of previous attempts, and it was continued. At thirteen months from the time of beginning the treatment she became pregnant.

There is no doubt in my mind but that the sterility in all of these cases was due to local disease and that the cure of the sterility was due entirely to the mechanical method of treatment. Moreover, the local diseases present were such as only a radical operation would meet, and two of them were such as would be classed of very doubtful prognosis.

In conclusion I wish to refer to a point which to me has been a constant source of wonder, that is, the way the physiologic forces during pregnancy absorbed and eliminated the inflammatory exudates and adhesions. In the third case this was truly marvelous. Up to the time when the womb became an abdominal viscus this patient suffered the most intense pain. She described it as seeming as if something had hold of the womb and was tearing it right out of her. By the sixth month her pelvic cavity was as normal as that of any woman.

I trust that these cases may tend to interest others who have similar cases, and that the method be given a fair trial. It is by no means a recent method, but physicians as a class are not conversant with it.

The next paper is:

### TACT IN MEDICINE.

J. C. AVERY, M.D.

VASSAR, MICH.

I do not know that I can easily define *tact*; that I can say in a few words exactly what it is. It is something more than manner, yet manner enters largely into it. It is a combination of alertness, insight, ability and good nature. It is something which never offends, never excites envy, jealousy, or hatred. Tact is practical talent. "Every fish has its fly," says a moralist, "but even the right fly is not enough, you must play it nicely in the right sport." The same writer says, "For all the practical purposes of life, Tact carries it against Talent, ten to one."

The world is full of people who do not believe in tact—who never find the cause of their unpopularity. I remember at one time having a case of melancholy on my hands; it had baffled the skill of several physicians, and my efforts thus far had been about as successful. The

patient wished to do exactly what was not wanted of her. We desired her to eat what was good for her; she wished an undigestible food, or nothing. We tried in every way to give her rest and quiet; she would forever talk and never sleep. We wished her to live; she was bound she would die.

On returning from one of my calls, I related something of the nature of the case to my father, a sturdy farmer. "Perhaps," says he, "she may be contrary, and you can reach her by her own tactics." That suggestion saved my reputation. On making my next call, I first held a short council with the two elder daughters in attendance, and then proceeded to be contrary.

The woman was mildly insane, almost a skeleton, and just now determined to starve herself to death. I learned she had eaten a very little that morning, and on entering the room, first examined her carefully and then proceeded to berate and scold her for having over-eaten and disobeyed orders. I told her she did not need a tenth she was eating; that if she ate nothing at all in her quiet and almost latent state, she would live for months, citing as proof, the hibernating habits of the grizzly bear, etc. Finally I ended by prescribing a rigid diet of a few spoonfuls of a weak gruel three times a day. Before leaving I advised the nurses to give her all she would eat, but very, very grudgingly, and with some one watching to see that I did not call unexpectedly and surprise her eating. She almost at once began to take on flesh. A little later she wished to take poison and end her life. I at once prepared her two large powders (of flour) and giving them to her I remarked, "Here are two powders, either of which ought to be large enough to end your life. Take one, and if you do not die in a few moments, take the other."

She looked at me and said: "Doctor, would you give them to me?" "Why, I replied, did you not ask for them? Do not take them, of course, if you do not want them, but if you do, who has a better right to them?"

Later she asked for a knife to cut her throat. I gave her one, but she did not use it, nor did she jump from a two-story window when I accommodately opened it for her. Suffice it to say, that by these tactics (my wife says *lies*) and aurum largely as a remedy, she regained her health and sanity to a great extent, and all went very smoothly and pleasantly for a time, until after some months, she removed to Chicago, where, I am sorry to say, her old troubles returned, and this time ended fatally.

Perhaps as a paper to be given to this society, I should have been able to show the beautiful results of orificial surgery as applied to a case of this nature, but I was to say a few words for the advantages of tact in medicine.

Thanking you, ladies and gentlemen, for your kind attention, I will bring my paper to a close for fear I will be accused of being devoid of tact.

THURSDAY, September 7, 1899, 3 o'clock P. M.

Convention convened, President Means in the Chair.

Dr. Runnels: Mr. President, I move that the order of exercises be suspended and the report of the Board of Censors be presented.

Motion carried.

Dr. Aldrich: The Board of Censors reports the following names of gentlemen and ladies whose applications for membership in the association have been approved by the Board of Censors:

Thomas J. Gray, M.D., Minneapolis.  
 W. K. Loughridge, M.D., Pleasant Dale, Neb.  
 H. C. Block, M.D., Milwaukee, Wis.  
 F. W. McCanon, M.D., Clearfield, Iowa.  
 Victor F. Huntley, M.D., Manton, Mich.  
 W. E. Bloyer, M.D., Cincinnati, O.  
 Margaret Koch, M.D., Minneapolis.  
 William Brimble Combe, M.D., Carmi, Ill.  
 Edgar D. Preston, M.D., Warren, Pa.  
 Frank W. Murphy, M.D., Dayton, O.  
 Charles H. Lards, M.D., Adrian, Mich.  
 A. M. Crandall, M.D., Hokah, Minn.  
 William McHarrie, M.D., Montreal.  
 H. G. Young, M.D., Pioneer, O.  
 R. Milton Richards, M.D., Detroit, Mich.  
 C. A. Shoemaker, M.D., Lincoln, Neb.

Dr. Aldrich: I move that these names be accepted.

Motion carried.

Dr. Costain: Mr. President, I suggest before you take up the papers that we have the election of officers. Heretofore it has been the last thing, the last minute. It will only take a few minutes and we might, if the convention thinks best, have it now.

President Means: What shall we do? Shall we proceed to the election of officers?

Dr. George: I move we proceed with the election of officers.

Seconded. Carried.

The following officers were elected:

President—W. F. Curryer, M.D., Indianapolis.  
 First Vice-President—C. A. Weirick, M.D., Chicago.  
 Second Vice-President—T. J. Gray, M.D., Minneapolis.  
 Secretary—R. Milton Richards, M.D., Detroit.  
 Treasurer—T. E. Costain, M.D., Chicago.

(Calls for "Curryer," "Curryer.")

Dr. Curryer: I hardly know what I ought to say in response, but I told you yesterday that I felt like I was the most easily embarrassed man in the society, and I don't know why you want the most modest man to be in the most conspicuous place. However, I'll say this: I want to thank you for the unanimity with which this office has sought the man. I was in hopes there would be some one else who could run faster on a hot day. I have great interest in the work; I'll acknowledge I haven't contributed as much as some of the older ones—but when a man has done his best I suppose that is all that is expected of him. Ever since I joined the society I have been at all the meetings, and I will say that after I have filled the position to which I have just been elected, it will not be the last time I will be with you—I have noticed that when a man has filled the office of President and his time expired, then he is too busy to come to the meetings. I hope it will not affect me that way, and if it does—I'll operate on the other man, I don't want the operation on myself. I thank you for the honor.

Executive Committee—Drs. C. B. Kinyon, H. E. Beebe and J. D. George.

Board of Censors—Drs. H. C. Aldrich, J. H. Drake and F. E. Young.

Dr. Costain: I move we proceed with the regular order of business.

The President: We will now proceed with the regular order of business.

The next paper will be:

## WHY SO MANY UGLY WOMEN.

P. S. REPLOGLE, M.D.

CHICAGO.



In selecting the subject under consideration, I did it with all due respect to womankind—for I have the highest regard for a *beautiful woman*—a well developed, healthy, cultured woman.

The subject was suggested to me one day while walking down State street, in this city. As I passed the many hundreds of women, who may be seen any day, especially bargain day, I noticed that very few of that number might be classed as beautiful women; but many were decidedly

ugly. I do not remember of seeing any of the doctors' wives there, and I am positively certain that I did not see my own.



Some of these women remind one of a skeleton, covered with diseased flesh and a pimply skin; the form—pressed, laced, bustled, tied, pinned, buttoned, and then, in some cases, covered with the finest of silks, satins, and paint—moving along, sway-backed, kangaroo-like, on high-heeled shoes, almost compelling one to exclaim: "O Lord, what is it, and is it from this mass of deformity and disease, that our future mothers are to come?" As I observed these conditions, I say, it started me to thinking, whence comes this ugliness? Surely nature never intended such depravity; for the natural instinct of woman is beauty.

Beauty results from adaptation to the faculties, and a perfect state of health, physical, moral and intellectual. An able writer considered a perfect constitution coupled with a good disposition, as perfect beauty; and to preserve beauty, intact, is a duty and an art, and the first requisite to this is the preservation of health, for without this beauty can not exist. Hence the mission of the doctor. Beauty has a practical feature apart from the purely esthetic. In other words it has a financial value.

One of the most essential things to be recognized for good health is diet. All intelligent physicians, of any school of medicine, agree in the general proposition that plain, simple, natural food, is most beneficial to the recovery or preservation of health. Some physicians seem to think the more their practice conforms to the appetites of their patients, the more cheerfully and generously they are rewarded, because so difficult is it for the majority of people to reason against the current of their appetites, and understand, in opposition to the impulses of passion and habit. The doctor must be ignorant of human nature who does not know how easily judgment is warped by interest.

There are very important rules of diet that every physician should recognize and recommend to his patients.

The pernicious habit of ice cream, soda water, candies, cakes and pies, between meals or at meals should be prohibited; they are fit only for the swill barrel.

Many women are excessive coffee and tea drinkers, which mars their beauty.

Proper cooking is an art: it is a chemical art. The ordinary cook of to-day of either sex is a person who brings fire, and meat, and vegetables together, and lets them fight it out for a dinner. Unfortunately, the fight does not end there: the next bout being in the stomach of the unfortunate partaker of the repast, and the next, perhaps, with the doctor as bottle-holder.

The next important item among the things not conducive to health is that of fashion.

The dress adopted by the women of our times is certainly conducive

to the development of uterine diseases, and proves not merely a predisposing but an exciting cause. For the proper performance of the function of respiration, an entire freedom of action should be given to the chest, and more especially is this needed at the base of the thorax opposite the attachment of the important respiratory muscle, the diaphragm.

Tight-lacing and the corset are the most fruitful sources of a majority of the ills from which women especially suffer. The great increase of pressure brought upon the delicate organs which occupy the female pelvis, occasions displacement of those organs and all the resultant miseries.

These things, together with many others that effect the health, thus making or marring beauty, prove conclusively that the clothing should, therefore, allow unrestrained action of every organ of the body, secure equable temperature of all portions of the body, and its weight be as light as possible, without sacrificing other necessary qualities. The skirts should never be suspended from the waist, but from the shoulders.

The next thing to be considered is posture. After recognizing the importance of errors in dress, of late hours, excessive dancing, riding, and other imprudences, accidents which occur at critical periods, both in married and single states, constitutional and specific causes, there still remains a large number of causes, the sources of which must be referred purely to posture. There are two anatomical facts relating to the female generative organs which must always be borne in mind: their mobility and vascularity.

It is found that the more largely the part is supplied with blood vessels, the more easily it is displaced, and the more likely it is to be under the control of and influenced by gravitation; especially is this true of the womb and the parts annexed to it. At every step in the process of reproduction, ovulation and pregnancy, fluxion to a marked degree occurs, lasting for days and months, and in these frequent determinations of blood to the sexual organs, it requires very little encouragement to make them pass the line between physiological and pathological conditions.

Of the various postures which are assumed naturally by women, they soon are fatigued in any one position; erect standing posture, for instance, is one of the most abnormal positions which a woman can retain for any length of time, or in fact, any human being. The erect posture is essentially one of action. If the muscles are kept in motion, if the blood is kept in circulation, an erect posture may be continued for some hours without fatigue; but if a healthy person even is required to stand for one hour, and the muscular system be unemployed, the weariness is intense, and the observer will notice the effort nature makes to relieve herself, by shifting first upon one limb, and then upon another. In the absence of muscular exertion, circulation languishes, the blood gravitates

to the lower part of the body where it stagnates and produces hyperstatic hyperemia, and this position in women produces aching in the limbs, but it causes also pain in the back, the result of the reproductive organs being over-distended with blood, hence congestion and various displacements. If a woman would keep her health let her satisfy nature's demands. The feet and legs were made for locomotion; the vertical posture was never intended to be one of rest.

This one posture explains why the practice on the piano by young girls is so detrimental to their health and beauty, especially at the time of menstruation; and erect standing is exceedingly injurious when the organs are over-burdened with blood.

Continual standing of school teachers, and especially the clerks in stores, is decidedly detrimental to their health. If we have any respect for the future generations, we should advocate a law prohibiting proprietors of stores from compelling lady clerks to be on their feet continually, when not actively engaged.

Every one who knows anything of the orificial philosophy knows that abnormal conditions of the lower orifices of the body, such as pockets, tight sphincters, etc., affects the general circulation, and thereby produces a careworn, unhealthy appearing, ugly face. This subject has been so thoroughly discussed during this convention I will not discuss it further.

There are many other causes of ugliness such as late hours, want of exercise, over-work, lack of proper social conditions, etc., of which I will not speak to-day, but in order for a woman to be beautiful, she must not only have good health, but she must be cultured as well.

Ignorance and ugliness are synonymous. An ignorant woman is a blot upon civilization. She may be as beautiful as Hebe, the goddess of spring and youth, but if the fair temple of beauty be unlighted by the lamp of intelligence, she can command only the gross admiration of the senses; her smile is a meaningless simper; the grace of her form and the beauty of her face are lost in a self-consciousness that betrays her vacant mind. People admire her until they hear her speak, then they shrug their shoulders and say, "What a pity!" To preserve the respect her charms inspire she must ever remain a beautiful but voiceless statue.

Savages do not recognize beauty; women with them are not dissimilar in any essential respect; but as enlightenment penetrates the clouded intellect, expression commences to refine the features, and the soul leaps out in thought; harsh outlines relax and merge into elegant symmetry and graceful proportion. Polish and refinement, education and religion tone the deportment and complete a harmonious ensemble—a beautiful woman.

*To be continued in October number.*

# JOURNAL OF ORIFICIAL SURGERY. CHICAGO.

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THE TWELFTH ANNUAL CONVENTION OF THE AMERICAN ASSOCIATION OF ORIFICIAL SURGEONS.

HELD AT THE CHICAGO HOMEOPATHIC MEDICAL COLLEGE, SEPT. 6-7, 1899.

*(Continued.)*

Discussion of Dr. Replogle's paper, "Why So Many Ugly Women?"

President Means: Dr. Replogle's article is open for discussion—might be a great deal said on this subject. I will just say I think the field very large. But I differ materially from Dr. Replogle's idea of beauty. He seems to base beauty entirely upon health. I have seen some very beautiful sick women. Now I think there must be in the first place the proper height and proper weight—a lady about four and a half feet high with a thirty-six inch waist, I don't care how intelligent she is, isn't very beautiful. The doctor has based his argument entirely upon whether or not there is a good state of health, which I think is erroneous. I would like to hear some discussion on this subject—you might provoke some talk, Dr. Curryer.

Dr. Curryer: I'm a provoker. About this paper of Dr. Replogle's I think every man is a judge for himself of what beauty is, but his description of the cause of the production of this paper, his walk down the street meeting the Chicago ladies and then asking us, What is it? is like Barnum's show that traveled around with something they called a "What is it?" and if it wasn't for being a little rough I would like to tell you what I heard a doctor say in giving a definition of woman—this is simply a quotation—he said woman was an animal with a lame back and constipated bowels. (Laughter.) That is a little bit rough, but Dr. Runnels knows what I think about constipation—I think it is largely laziness, as they quoted me once in a little bit of couplet and I don't know whether it would be improper to perpetrate it on this assembly:

When Nature calls at your door  
Do not attempt to bluff her,  
But hasten away, night or day,  
Or you are bound to suffer.

Now the sedentary habits of women compel them to sit, and the bowels become sluggish and finally they grow into the condition known as sedentary alimentary canal, and autointoxication may result. But I think it isn't so much what they eat as it is how long they keep it—in other words, how good the assimilation is, and it all depends on that and I think if you can say you have a good assimilation you can say you have a pretty body. "Pretty is as pretty does," is an old adage, and I have met men and women who were ugly to look at when you first saw them, and after you talked with them you thought them angelic—"pretty is as pretty does," and I believe no man or woman can be pretty with a dirty skin and everything inflated with bad material—when you see a person's skin you can tell pretty well what is in it.

Dr. Weirick: I think something might depend on the kind of fathers, whether they were good looking or not. (Laughter.) The question always comes to my mind, How may some of these things which are admittedly wrong be corrected? What is it that influences women to dress in such a way as to impair the health? I believe that the men are responsible for the errors of dress in women. I doubt very much if there is a gentleman in this room who would consent to take a lady to the theater or to a party or to any entertainment if she were not dressed in such a manner as would impair her health. I doubt if the doctor, the writer of this paper, would have ventured to propose to the beautiful woman who is his wife had she not obeyed the commands of custom in dress. Therefore, before we criticise them as severely as we do in medical societies because of the apparent indifference to hygienic rules on dress, the men should cease to demand unhealthy fitting garments. Corsets are generally attacked by medical men and I have always been in accord with the criticism passed upon them. Recently, however, I read an article from the pen of a very able physician who essayed to defend the use of corsets, and he made the statement in this article that scoliosis was much more common before corsets were generally worn than at the present time. He seemed to be quite well informed as to the history of dress, and if his statements are correct it will offer at least an excuse—and the only one I know of—for the use of corsets.

Dr. Richards: I take the opposite view from the last speaker. Much I think depends on the mother, taking the view that formed the basis of the paper which was read that beauty begins with health and that any healthy body is beautiful. This is an old time subject repeated

often and often, but it cannot be nailed too hard, we must drive it into the minds of some physicians to be more frank with the mothers of girls, the parents, and tell them in plain words the dangers that lie before young womanhood. The cause of so many ugly women to-day is that they were not started on the right road, they have been allowed to drift here and there. As I step this year for the first time into the teaching chair of a medical college I am going to tell in plain words every student who comes under my care and urge upon him to discharge his whole duty to every mother who comes to him to assist her in the bringing up of her daughters.

Dr. Drake: I think that we ought to go still beyond that, I think we ought to begin with the schoolhouse. You notice all over the country the most beautiful schoolhouses are built the highest, and the girls at the age when they ought not to be obliged to go up three steps even are obliged to go up three stories, and they continue that till they are dead or have to quit school. I think that is one of the greatest causes to-day of so many unhealthy young women; I find it so in my practice. I have been practicing twenty-five years, and I have been almost constantly in college towns where I have had a great many lady students, and I find very few of those girls who graduate are ever fit for housewives or anything after, very few. We find too many girls giving out long before they are through with the high school, just because they have so many stairs to climb at the age when they ought not to climb stairs at all. You will find beautiful girls starting out, thirteen, fourteen and fifteen years old, and of course they are crowded through the higher grades till they come to the high school, quite often they are still beautiful girls, and they are there forced still further until they are not able to go any further, and their health and beauty is gone. I think this will continue until we have to import hearty beautiful women, or else take the roofs off of our schoolhouses.

Dr. Runnels: I rise to say that I don't think there are any more ugly women than there are ugly men. I feel it my duty to defend the party assailed on this occasion. I don't think the fountain can rise higher than its source, and as all men are born of women it cannot be possible men are handsomer than women—it cannot be. We have all heard a great deal about the "Man with the Hoe" lately, men who have degenerated into the look of imbecility, and the poet has tried to make it out that it is because of the labor, the drudgery and all that they go through that it is so. Well, of course drudgery and lack of nutriment, both mental and physical, will lead to disfigurement, the lines of beauty will be marred either in man or woman. There is much to be said on this subject, not restricting it to the female portion of society, but to the human race; men as well as women, boys as well as girls. It is to

the glory of the science which we have been called to represent here to-day that attention is being paid to many elements of these discords; we are emphasizing and insisting upon the discovery of the causation, for the very thing that has been brought to our attention, not as restricted to men, but as it affects the race. We know that embarrassing conditions can rest upon the human system from infancy, and that these can go on unobserved into childhood and into maturity to wreck and work out the evil influences that they are so capable of doing. It has been a hobby of mine that all individuals should be thoroughly examined at the very beginning in order to know that they are properly launched in the race of life; and that every individual, however well he may seem, ought to go under a rigid examination at stated times in his life whether he claims to be well or sick, for we know the language of the sympathetic nervous system does not speak in the language of pain, and he may have an incipient disease and know nothing of it. Life insurance companies will not write a policy of insurance upon an individual until he has been examined by competent authority and pronounced to be well. Now we do not pass all persons under review as we ought to; if we did, we would become cognizant of certain conditions that begin at the early days and work so much discord, and if we did we would be able to reform the conditions that render so many ugly and out of harmony, not only women, but all who live. And I think we are remiss if we don't preach that.

So far as school girls are concerned, I have examined many, and in the ordinary cases I find that they are dwarfed. The development of the little girl runs parallel with the boy until the age of twelve or fourteen is reached; then there is a divergence; then each grows in a different line; then the growth of the sexual organs begins—it is the growth of the sexual organs that makes the difference. We know that so far as girls are concerned, immaturity is one of the greatest causes for ill-health that we encounter; the infantile uterus, dwarfed sexual organs, the effort to menstruate through immature sexual organs, producing dysmenorrhea and the many evils we are familiar with. All these conditions ought to be known and ought to be baffled; girls ought not to be allowed to go on in that condition. Only yesterday—to show the negligence along this line—a girl seventeen years old came to me. She had never menstruated, and up to this time no physical examination had ever been made; she had had the monthly nusus, something that simulated it, and nothing more. On examination, I found an imperforate hymen, and I took out three pints of dead and decomposed blood in the vagina. Of course she is in bed for three weeks, and has been for weeks past, and was broken down. But this illustrates what I want to say, that we must get rid of some of the

old ideas, that there is something tabooed and ruled out, and that is that the girls must not be examined before marriage, that the virgin is a sacred individual, and not to be touched. I say that idea must be ruled out—no organ is sacred in the eye of science, and if there is trouble we must investigate, whether in a girl or boy. (Applause.)

President Means: If there are no further remarks, we will have the next paper.

## THE CLIMACTERIC.

FRANK H. EDWARDS, M.D.

EVANSTON, ILL.



The climacteric is the terminus of a woman's sexual life, and marks an epoch in her earthly pilgrimage. It is the mid-day storm that should be followed by an afternoon of calm and a night peaceful as the dawn, for when life trickles into harmony there is no darkness and no death, for death itself, to the thoughtful mind, is but a manifestation of life, and life is evolutionary in all its tendencies, whether accomplished by revolution or peaceful change.

Yet, practically, it must ever be important to consider means for averting present danger, and as pitfalls are marked by danger signs, so is the climacteric marked by symptom-signals that attract the physician's attention; but not all signs mark danger, and the doctor must differentiate here, as elsewhere, when physiology ends and pathology begins.

With the cessation of menstruation, a physiological plethora takes place. Nature erects a dam and prevents further depletion of the vascular system; thus primarily the climacteric is a conservative process and is, within certain limits, thoroughly physiological. But there are symptoms which, if pronounced, are pathological and demand attention. Among the functional symptoms are found circulatory disturbances, consisting in hot flushes and hemorrhage; the nervous troubles, such as irritability, excitability, vertigo, dullness of the intellect, palpitation, fainting, hystero-neuroses, and the disorders named psychic. Women get Christian Science at this time, as boys get saved at puberty, and many recover as promptly. One of my



patients became imbued with the idea that she was a "born doctor," and has her own bowels and those of her neighbors thoroughly confined, as a result of a diarrhea mixture which she has wielded with a liberal hand. Hysteria, then—or, as Buckley calls it, patholesia—is common, and melancholia is not rare. It is, indeed, difficult to account for the varied nervous phenomena incident to this period of life. The brain and spinal cord act imperfectly, the sympathetic seems overstimulated; that is shown by heart complications of a functional nature, and the frequent involvement of the stomach and intestinal tract. The blood is often deficient in red blood corpuscles, giving the familiar ashy white hue to the skin. There is a pseudo leucocythaemia, and it may be that certain leucomaines are responsible for many of the symptoms, real and bizarre. Bouchard has taught us much about autoinfection, and it would seem that this is a factor in the production of many of these nervous disorders.

This we know, that when organs functionate abnormally there is at once a break in the system of nutrition. Remove the thyroid and supra-renal glands, for example, and we find the little group of cells which constitute these glands, manufacture substances which exercise so great an influence on general metabolism, that life within the body cannot longer be maintained. Chittenden recognizes the possibility of autointoxication resulting either because of the formation of normal products of tissue catabolism in undue amount, or on account of lack of speedy elimination or transformation. Recognizing the above as true, permit me, for the sake of discussion, to become practically speculative, and express the opinion that tumors, fibroids, adenoma, and especially cancer, which is so liable to occur at this time, have their birth and growth in disturbed nutrition and autoinfection, in its broadest sense. Whatever, then, contributes to the normal rhythm of nutrition is of *first* importance as to prevention of complications incident to the menopause.

We are honestly seeking truth, and no point should be overlooked that will have an influence in restoring health. We have seen the consequences of unequal observation, and are weary of misplaced confidences. Heredity, food, and climate are, therefore, considered. Yet we are counting more and more the infinite in our reckoning, and are this evening persuaded that worry, anger, and jealousy are children of ignorance, and further, we know them to be disturbers of nutrition, and in passing we may say that he who possesses the secret of a happy life has also, in a large sense, the key to health. But, as physicians, we must stand for reason and realism, rather than depend upon the imagination and the mystic, magic occultism of pseudo science, rehashed from the Middle Ages, and in treating the disorders of the

climacteric, we must study causes and remove them. All treatment should be based upon a careful physical examination. The condition of the urine should be often investigated, and while we do not claim any characteristic deposit at this time, phosphatic deposits have, in my own experience, been accompanied by the most obstinate symptoms, varying from local pains to lithemic and rheumatic symptoms. Oxaluria sometimes causes smarting and burning micturition, and is usually cured by distilled water and proper medication.

If a subinvolved uterus is found with a lacerated cervix, amputation will help the case. Hysterectomy for a malignant uterus will often be indicated, but fibroids will receive our conservative measures. Further, we will remember that it is natural for the mammæ to atrophy at the change of life, and mastitis and benign growths are as frequent as the graver sort. Thus we must differentiate between the benign and malignant growths in order that pain and mutilation be avoided. But neglect is likewise reprehensible, and ignorance a crime. Sometimes a change of scene is beneficial at this period, and rest in many cases is all-sufficient; yet tonics, laxatives, diaphoretics, and even sedatives are important.

The warm bath is a "universal poultice," and does relieve many symptoms. Electricity, if intelligently applied, is useful when indicated. Rest is always a healer, and restores equilibrium and strength to tired nerves.

I have said enough. Let us do all we can for women at the climacteric—woman, the joy of the home and the kindly light of man's dark hours. A day may tell the story of her life. At first a burst of light, more calm the afternoon, and night made glorious by a star, God's herald of a morning.

President Means: Does anyone wish to make remarks concerning this excellent paper? If not, we will pass on to the next subject.

Dr. Gray: I don't like to have that paper go by without calling special attention to it. I think I have nothing to add to it, but it is a subject in which I am much interested. It was touched on in the last paper, which I desired to discuss at the time, but I did not want to take too much time. Whenever we begin to talk about sentiment, there is a tendency to lose sight of science. With reference to this question of the climacteric, it touches what goes before in a woman's life; we ought to prepare the girls early in life for what is to come to them. I am satisfied that what comes to many women in the climacteric might have been prevented had they been fortunate enough to fall into the hands of a wise physician, who would give them wise counsel concerning the conservation of their health in pre-

paring them for what is to come. If you have not consulted with a large number of women, you will be surprised to find how many women look forward with trembling and fear—fear almost akin to terror, fear that almost destroys, fear that is almost insanity—to what is intended to be a perfectly natural or physiological change, as a dreadful experience not intended for them by the wisdom of a Divine Creator, but one in which the doctor must be called to help them go through as a dread disease. If we would deal sensibly with woman-kind in all her relations in life, we ought to feel that our knowledge and advice concerning this change should be freely at her service, to give her a proper understanding of the menopause. Advise the mothers to talk to the daughters about preparing for the responsibilities of sexual life, the responsibilities of motherhood, and so look forward to the time of this change. I tell you, it is a great deal better, in my judgment, to substitute the ideals we want to attain, than it is to take those that we wish to flee from. Let us not talk about the ugliness and disease of the world, but talk about the beauty, uplift, and hopefulness, and set before the minds of the human race, so far as we can influence it, those ideals that shall create a tendency for something better and higher. I tell you, the way to make a boy a thief is to talk to him all the time about thieves, and the way to make a boy into an honest man is to set before him ideals of honesty. Now, that conception of beauty, the thought and desirability in life, is very potent. You will find that Plato entirely ignores the current idea that we must become acquainted with vice that we may know virtue; he says men who are fitted to rule mankind are not acquainted with vice. Keep before them high ideals, noble beauty, and thought of health, and the individual becomes the symmetrical whole. I think this thought is involved in Dr. Edwards' paper. I am glad to see the emphasis which he puts on the climacteric, and I want to attach this thought to the paper, that we owe something to women more than the administration of drugs—indeed, that is the least of our service to mankind. (Applause.)

President Means: I am glad to hear such extended remarks on this subject. If anyone wishes to supplement these remarks, he is at liberty to do so. If not, we will proceed to the next section, "Surgery," Dr. Curryer, chairman. Dr. Curryer, will you please take charge?

Dr. Curryer: The first paper is

## PASSING OF THE REFLEXES.

H. E. BEEBE, M.D.

SIDNEY, O.



Many specialists in neurology, we believe, too often confine their attention too much to the workings of the cerebro-spinal axis, both in normal and abnormal states, and not enough to the functions of the involuntary system of nerves. Now, why is this? Chiefly because the stereotyped text-book so seldom discusses or contains anything under the head of physiology or morbid neurology, except of the action of the voluntary nervous system.

Professor Dana, the author of one of our very best text-books, in many respects, on this subject, in a rather recent article, entitled, "Passing of the Reflexes," would have us believe that about all that is written and thought to be experienced by so many along the line of so-called reflexes, is false teaching, and utterly unworthy of confidence. Now, he will have no little difficulty to convince some of the students in neurology that he is correct in his deductions, to persuade them that reflexes, referred disturbances, as many have observed them from practical experience in both health and disease, are not due oftentimes to local irritation, possibly in some quite remote part.

While peripheral irritations do not always cause as profound, deep-seated diseases as central lesions, it is true that very aggravated troubles do frequently arise from this source. Besides, this is most certainly not a dogma, for the belief is not founded alone on pathologic grounds, but good anatomic relations of nerve supply confirm this fact, that reflex paths are many, if the researches from the scalpel, the dissecting knife, and microscope are not misleading, and certainly they need not often be questioned. The studies of the neuron again confirm this conclusion.

We know, as well as we know anything, that frequently the removal of peripheral irritation restores health after long-standing disease. Let us take a severe pain in the back, head, and stomach, such as

we find with so many of our patients. Is this most likely due to pathology of the central nervous system? It may be and it may not be. How frequently it is due to some trouble with the genitals, or from that vicinity; and why should it not be, when we stop and consider the anatomy and physiology of the nerve supply?

Furthermore, consider the many patients constantly coming to us for relief, suffering from indigestion, cold hands and feet, hepatic disturbance and derangement of sometimes all the chylopoetic organs, together with so-called spinal irritation, cardiac palpitation, and many other neuroses, and then explain how these symptoms are or can all be of central origin.

If Pratt is wrong in his deductions and conclusions, he has plenty of good company in the same channel among writers of note in this field of study. Was Hilton wrong when he wrote one of the greatest books ever published, "Rest and Pain"? Was Fox mistaken when he brought forth "The Influence of the Sympathetic on Disease"? Was Chapin misled, or the committee who gave him credit, when he penned the Fisk Fund Prize Essay, "Sympathetic Nerve; Its Relation to Disease"? Was George M. Beard a fanatic when he produced his great work, "Neurasthenia"? Was Owens wrong in his many scholarly productions on the organic nervous system? And, last but not least, is that indefatigable worker and original investigator, Byron Robinson, on the wrong line of thought in writing his newest book, which to me is the most practical work in my library, "Abdominal Brain and Automatic Visceral Ganglia?" This book should be read and studied by every physician in the land.

If Robinson and all these others are wrong, it is high time that we should know it, for their followers are many, and they are increasing rapidly. I cannot believe them to be mistaken, for practical, everyday experience confirms their writings.

Permit me to cite a couple of ordinary cases coming under my care recently, that I deem only simple illustrations of these reflex troubles, such as the general practitioner meets almost constantly. While they are recent cases, certainly the results justify the deductions.

Case 1.—Miss H., aged 40, seamstress. Been a great sufferer for many years from chronic constipation, accompanied with intense urethral irritation. Her other symptoms were many, such as disturbed menses, severe backache, frequent attacks of the worst form of migraine, loss of appetite, indigestion, and the usual minor nervous symptoms that we commonly find along with these major ones. In fact, she was a confirmed invalid, being obliged to give up all her work.

On attempting to make the digital examination, the vaginismus was so great and the parts so very sensitive, that it was necessary to

desist. The hyperesthesia could not have been greater. Ocular inspection revealed an irritable urethral caruncle that seemed to account for much or about all of the difficulty.

May 22d, placed her under an anesthetic, removed the caruncle and smoothed all the lower orifices, curetted and packed the uterus, then kept her in bed about two weeks. She is to-day free from all her old suffering. No more headache, bowels exceedingly regular, and she is well after so many years of great agony.

Case 2.—July 10, 1899, was called to see Mrs. G., age 25, good family history, one child two years old, now pregnant at the sixth month, with symptoms entirely different from former pregnancy. Confined to her bed during the past seven weeks under the care of two good physicians. Symptoms are, in addition to those usually present at this time, most intense nausea and vomiting, so much so that but little or nothing remains on the stomach; constipation of the worst form; intense neuralgic pains throughout the entire pelvic viscera, but most severe in the ovarian region. Her physician told me he considered it ovarian neuralgia implicating most of the other abdominal viscera. Pulse 120, temperature at times elevated, quite anemic; in fact, at first sight, the outlook was not flattering, for nothing used had given relief, not even narcotics would soothe the neuralgic sufferings for any length of time.

While examining the patient, could find but little apparently abnormal, except an exceedingly tight rectal internal sphincter. This I dilated very cautiously, using my fingers alone, until the spasm was overcome. I did nothing else, because I could determine no other trouble. In fifteen minutes she was relieved of all her aggravated symptoms, and the bowels moved of their own accord a few hours afterward, and they continue to act normally, where before cathartics were deemed necessary. To-day she is free from suffering, cheerful and happy. I made her but four visits, and expect her to have a natural confinement in a short time.

Dr. Curryer: I have only a small paper, two cases which I thought I would like to bring before the society.

### COLOSTOMY, A CASE.

W. F. CURRYER, M.D.

INDIANAPOLIS, IND.



Mrs. C., aged 46, had for years been gradually growing a rectal stenosis, and had been having repeated attacks of colic caused by retained gases from impaction of feces in the lower bowel. These attacks were attended with great abdominal distention, pain, and stertoraceous vomiting. She was at one time in the hospital, under the care of Dr. S., a noted surgeon of this city, who endeavored to overcome the stricture by making incisions and

divulsing the parts. The operation was not effectual. The case gradually grew worse, the attacks were renewed and again became very severe. The case finally came into the hands of my friend, Dr. L., who had me called during one of her severe attacks from obstruction, as he had failed to afford relief. The abdomen at this time was greatly distended and very painful; ineffectual attempts were constantly made to evacuate the bowels. The parts were so sensitive a digital examination was impossible without an anesthetic, which was administered, and the index finger passed up to almost its full length, when it came in contact with an organized hard stricture which could not be passed; nevertheless, by the use of a rectal tube and warm water, she was relieved.

The next attack was in about three months. At this time the rectal tube could not be passed beyond the constriction. The patient was again anesthetized, and a rubber bougie with an attenuated and perforated extremity was forced into the contracted part, and with a bulb syringe attached to the bougie, we were able to force a quart of warm sweet oil into the bowel above the stricture, and again we succeeded in unloading the alimentary canal and affording relief.

The case again ran along for about the same length of time, when we were called and were compelled to resort to the bougie and sweet oil, with success once more, but it was apparent the case was gradually

growing more desperate. In about three weeks she was again attacked most violently with all the symptoms heretofore detailed greatly exaggerated, and her symptoms were really alarming; it seemed impossible to pass the tube or bougie, but with a bivalve speculum distending the parts the bougie was finally entered, and we again succeeded in pumping the bowel full of sweet oil and warm water, and to our delight she found relief.

We now urged our patient to submit to the operation of colostomy, or the making of an artificial anus, which we performed in December, 1898, at the Deaconess Hospital of this city, and the details of the operation were as follows: The bowels were first unloaded by the use of epsom salts, the body thoroughly cleansed by warm baths, followed by inunctions of quinine; the patient was anesthetized and placed upon the table in a prone position, with a slight inclination toward the right side and with a hard pillow under the left, that the left loin might be made more tense and prominent. An oblique downward and forward incision of perhaps four inches in length was made midway between the last rib and the crest of the left iliac bone, beginning just in front of the quadratus lumborum muscle. The integument and fascia were divided, the latter upon a grooved director; the abdominal muscles were also carefully divided, all arteries were ligated with sterilized catgut, all tissues were carefully gone through until the colon was exposed, it being known by its longitudinal bands. After the wound was entirely down and made large enough to expose the colon fully, the rubber bougie was again forced into the rectal stricture and a bulb syringe attached, the bowel was pumped full of air until the colon was forced up into the wound. The intestine was then made fast to the integument by passing a curved intestinal needle loaded with sterilized silk into the sides of the wound, passing through the skin and muscle into the fibrous portion of the wall of the bowel, carefully avoiding the mucous membrane, back through the other side of the wound. Four such stitches were placed equi-distant, and all made fast to the sides of the wound. The bowel was thus lifted and held, and then stitched carefully all around to the skin with interrupted silk sutures, the abdominal cavity having thus been completely shut, so that nothing would enter and contaminate the wound. The bowel was then incised with a sharp bistoury, letting the air and a small amount of fecal matter escape. The toilet of the wound was carefully made and dressed with iodoform gauze, the latter held in position with a roller bandage.

In due course of time the wound healed snugly, the bowel acting regularly and without great pain through the new opening.

When the wound had thoroughly united and the tenderness gone



we made a plaster of Paris cast of the new opening and the immediate parts surrounding it, from which we had made a hard rubber truss which is held in place by an elastic belt and a perineal band, the latter to anchor it down; thus the truss or cap over the new bowel aperture was closed safely and tightly.

It is now about six months since the operation was made; the natural opening is entirely closed or grown up, and that part above the stricture and below the opening is simply a cul-de-sac, which gives no inconvenience. She informs me that she has acquired a skill in the management of her new-made treasure she could not have hoped for in advance. She suffers but little inconvenience, and the promptings of nature are about as easily recognized as before the operation. She is now assured an exemption from those terrible attacks she felt was impossible before the new opening was made.

When this operation was performed it was to save the life of the patient and to get more time for a better understanding of the true pathology of the rectal obstruction. When the dangers of an acute obstruction had been put aside and time taken to carefully consider the course of the rectal disorder, then we were to open the natural outlet, if possible, and establish the normal route for the bodily debris, and when assured of its success we would close the opening in the colon. Since the immediate danger of death has been averted and her general health so greatly improved she does not care to take the chances of further surgical interference and will probably for the time be satisfied with her present condition.

Dr. Curryer: The main point I want to call your attention to is the use of air to distend the bowel and lift it in position, instead of water.

### LAPAROTOMY, A CASE.

W. F. CURRYER, M.D.

INDIANAPOLIS, IND.

On August 12th I was called in consultation with Dr. Laycock of this city. The patient was Mrs. S., a lady thirty-four years of age. She had been examined by the doctor a few days prior to my visit, and he had diagnosed a tumor and asked that I be called in consultation. The examination revealed a large abdomen, tense, and the contents seemingly almost immovable, resonant at the sides, with dullness near the median line. There evidently was some liquid present as well as some solid substance which gave the characteristic dullness on percussion. The vagina was crowded full, with a rounded

mass bulging downward, the uterine cervix was high above the pubic arch, tight and fixed in front to abdominal wall; it was with difficulty the sound was introduced. The rectum was hard pressed upon and was entered digitally with difficulty. Defecation was almost impossible and often took hours to unload the colon, so great was the pressure from the abdominal contents. The appetite was fairly good and kidneys acting well, urine normal or almost so. Menstruation had been regular and not especially painful. The patient had felt a fullness, but had not suspected anything serious until perhaps two weeks before our visit, when her abdomen became so large that she could not wear her clothes with comfort, even when a corset was applied and drawn down tightly. The vagina was so filled that sexual intercourse was impossible. Her temperature was 101 degrees, and she was quite thirsty.

Dr. Laycock's diagnosis was confirmed, and she was advised to go to St. Vincent's Hospital and take the preparatory treatment for a laparotomy, which was performed on the 14th, just two days thereafter.

The patient was anesthetized, and an incision about four inches in length made in the median line just above the umbilicus downward. After reaching the ovarian sac, we found adhesions almost everywhere, viz.: To the intestines and the anterior abdominal wall and deep down in the pelvic cavity, where the rectum and all the viscera seemed in one adhered mass. The tumor, uterus, and bladder all seemed fixed in one mass to the abdominal wall in front. The adhesions seemed so firm and solid the sac could not be turned out at any point. About one gallon of liquid was drawn off with a large trocar, and traction again made upon the empty cyst, but could not be drawn out through the incision. After emptying several of the compartments of the general tumor and passing my hand down inside the bag and finding hard and solid adhesions deep in the pelvic cavity and apparently everywhere, decided not to attempt to dissect the sac loose for fear of fatal hemorrhage. The upper part of the wound was closed with usual precautions and with continued catgut suture through the peritoneum, and the muscular parts and integument were brought together with interrupted silkworm gut. The anterior part of the sac was drawn into the lower part of the incision and made fast around the remaining part of the abdominal opening, leaving the cavity of the sac open through the wound, that drainage might be complete. Now, after two weeks' stay in the hospital, with a temperature record of not above 100, and generally normal, the upper part of the incision completely reunited, and the opening for the sac drainage being kept patulous only by tampons of iodoform gauze, the liquid must be drawn

off with a syringe each day. If neglected, the sac seems to refill rapidly.

I might say, a few days after the operation, when I examined the vagina again, I found a hard mass which was immovable, no perceptible fluctuation, but concluded to aspirate, and, if possible, empty. An anesthetic was given, a trocar was passed into the enlargement, which revealed a pus cavity. I removed the trocar and plunged a pair of sharp-pointed scissors into the mass and was able to liberate about four ounces of purulent matter. The sac was emptied and irrigated with sterilized water, the cavity packed with iodoform gauze, and has been kept clean since by irrigations of carbolyzed water.

There is still remaining some fullness about the broad ligaments and other evidences of ancient pelvic cellulitis.

My object in bringing this case before you is to draw from this body of eminent and practical surgeons their experience in the management of adhered ovarian sacs, when the adhesions are so firm and extensive that separation of the same might induce a fatal hemorrhage.

Dr Curryer: Now, I'd like to have your experience on the management of adhered cysts.

President Means: That closes the section of surgery. We are now ready to have a discussion of Dr. Curryer's paper. These are two very important cases, and he would like to have the experience of some who have had experience in the handling of these cysts. Anyone is at liberty now to enlighten us on the subject, if he can. Dr. Runnels, have you had any experience?

Dr. Runnels: I am very much interested in the cases, especially the cystic case, and I think the Doctor's practice was eminently wise in not attempting a removal of the adhered walls or fibers, or endeavoring to break them up. In such widespread adhesions as that it is far better to leave them in the hands of nature. My practice is to attach the wall of the cyst to the external wall, leaving it open as in this case, but I invariably pack the cyst canal with gauze, iodoform or aseptic gauze or drainage, and that stimulates the drainage and also the rapid closure of the cavity, every day, or every other day at farthest, removing the packing to repack. It will require less and less every time, and you will be surprised to see how rapidly that cavity will close up so that in a short time it will be healed to the surface, and nature does the work. If a post mortem were granted in those cases, you would be surprised to find no trace of the cavity. I have had an opportunity or two of that kind, and I was surprised to find all evidence of abnormality gone; of course it is inflammatory, and nature makes the absorption—perhaps you would have just a little atrophied cord

or string to represent the whole business. I'd like to hear from Dr. Aldrich on that subject.

Dr. Aldrich: I have nothing to say.

Dr. Runnels: I was going to say that the last case I had, in ten days the whole condition was solid and cured.

President Means: You packed the sac?

Dr. Runnels: Yes; filled it full of gauze—do not crowd it.

A Doctor: We had a practical experience with Dr. Pratt—that dermoid cyst he operated on and packed yesterday.

Dr. Gray: I had a case which I diagnosed as a cyst, and it turned out to be a case of pyosalpinx, where the pus cavity contained, I should think, a quart of pus. I opened through the abdomen, the wall space was so friable I broke it down, and the pus discharged through the wound. I washed that out thoroughly, made an incision down through the roof of the vagina, put in drainage, closed the abdominal wound, and got perfect results. The adhesions were so extensive it was impossible to loosen the bowels from the uterus or the uterus from the pelvic wall; everything had grown into a solid mass that nature had thrown out to protect the cyst from infection. The drainage continued for—I think I had the woman in the hospital about three weeks when the discharge stopped. She seems to be perfectly well, and the adhesions, so far as I can determine from external examination, are all absorbed.

Dr. Curryer: I want to say that the wound was packed with iodoform gauze in the beginning—didn't I say so in the paper?

Dr. Runnels: No.

Dr. Curryer: It was. But it seemed, in drawing it out, there was quite a number of sections or compartments to the lower one, and in passing in a long pointed trocar which I have, it seemed to go almost to the point of that instrument—she was a well-developed woman—six or eight inches before I got to it. When I pack the gauze it seems to tear the wound; it drags out like the peritoneum—you know how it is. I put in a drainage tube for a while—it gives about the same pain; so I draw off the liquid—about two pints a day. What I was thinking was whether we could use something that would do what we expect of gauze instead of packing with gauze. It is painful to pack and painful to remove, and the lower compartment of the cyst is the only one that secretes any liquid—the main body of the cyst seems to be free—and I hoped some of you had had experience in using something in the place of gauze.

Dr. Runnels: Were the contents of the cyst originally purulent?

Dr. Curryer: Not in this, but the pus went into the cul-de-sac of Douglas.

Dr. Runnels: Was there any connection between the pus and the cyst?

Dr. Curryer: No; I think it seemed like general channels all through.

Dr. Runnels: But contiguous, and lying one against the other?

Dr. Curryer: Well, it seemed a mass; passing your fingers into the vagina, at the bottom of the ovarian sac, a hard mass; couldn't move the uterus; couldn't tell where the bladder or uterus were from the inside of the sac; couldn't disturb the hard mass—seemed to be fixed everywhere.

Dr. Runnels: Might be you could drain from below and close up above, by putting a heavy, blunt instrument into the cavity.

Dr. Curryer: The cavity now remaining I think is no larger than a lead pencil, drawing down into the perineal wall, and you can pass only a small drainage tube in it; it retains water back about the top of the sacrum; in that region is where water accumulates.

President Means: That closes the Surgery section. The next section is Miscellaneous. Dr. Sawyer, the chairman, is not present. Dr. Pratt handed me this letter from Dr. Sawyer to read to the society:

MARION, O., August 5, 1899.

*Dr. E. H. Pratt, Chicago, Ill.*

MY DEAR DOCTOR PRATT: It is with profound regret that I find it impossible to be present at the class meeting this year, but uncontrollable circumstances prevent my doing so. This is the first time since I have been a member of the American Association that I have been absent. As I realize that I am not to meet my professional friends with whom I have been associated during the history of the society, I feel that I am being deprived of a great pleasure. I have never attended one of the meetings but what I came away stronger and better for having been there. They to me have been a post-graduate school from which practical lessons of the most enduring kind have been gleaned. I sincerely hope that the meeting is largely attended and that you personally are quite able to the task this extra effort imposes upon you. I shall be in Chicago in a few days, and will present to you personally my regrets and excuse for not being with you to-day.

With kind remembrances and best wishes, I am, as ever,

Fraternally yours,

C. E. SAWYER.

## EXOPHTHALMIC GOITRE.

T. H. TUBMAN, M.D.

LOGANSFORT, IND.



Synonyms.—Basedow's Disease, Grave's Disease, Tachycardia, Vasomotoria, or Flajami's Disease. Definition: Exophthalmic goitre is a disease of rather uncertain origin, characterized clinically by exophthalmos, rapid pulse, purring or blowing murmur in thyroid gland, and general tremor.

Causes or Etiology.—Concerning the etiology of the disease, I cannot agree with latest theory, viz., that an increased activity of the thyroid

secretions acts as an excessive stimulus to the vasomotor and sympathetic nervous system, and thus causes the disease. I really think these phenomena are the effects, instead of the cause, and the primary cause will almost invariably be due to some irritation at one or more of the orifices of the body; which irritation eventually so affects the medulla oblongata that in event of an exciting cause, and sometimes without, a genuine case of Grave's disease is developed. The principal lesions which may cause Grave's disease—especially when grafted upon a nervous or neurasthenic diathesis are, in female, some laceration of perineum or uterine cervix, accompanied possibly by some rectal and nasal trouble. Rarely will the disease be caused by a menstrual or ovarian difficulty alone. This disease is very much more frequent in females than males.

Symptoms.—Usually before the exophthalmia appears, alteration is observed in disposition of patients; they become irritable and depressed. Exceptionally, however, acute cases have occurred caused by some violent physical shock.

A genuine case may lack one or even two of the characteristic symptoms, but is not Grave's disease if the characteristic purring murmur is absent in the thyroid gland. The enlargement of the thyroid gland comes on gradually and involves all portions, but usually one side more than the other. The size of tumor is variable and is usually enlarged by any nerve shock, such as fright or sorrow, and usually by menstruation when it occurs. The pulse rate may vary from 95 to 150, or even 180, per minute, chest expansion is very deficient, being

as low as half an inch. Usually as disease progresses, have alternate attacks of diarrhea and constipation. Great nervousness, and often increase of temperature occur. Trembling of entire hand is a constant symptom. Eyeballs usually very prominent and œdema of lids, with imperfect control. Eyelids do not follow eyeballs when turned up or down, and remain open during sleep. Throbbing of arteries and flushes of heat, accompanied by profuse perspiration, which very likely accounts for the diminished electrical resistance, nervous dyspepsia and insomnia. As the disease progresses the heart becomes more affected, until dilatation and systolic murmurs at base of heart occur.

**Pathology and Morbid Anatomy.**—As yet no morbid changes, that can be regarded as pathognomonic, have been discovered on post-mortem. The exophthalmos is due either to dilatation of the vessels in the orbit, or to contraction of the involuntary muscular fibers in the orbital membrane which covers the spheno-maxillary fissure, or possibly to both causes combined. The enlargement of thyroid gland is due to dilatation of the vessels of the gland at first, and later to new tissue formed.

**Prognosis.**—Is good providing heart is not structurally affected, and we may greatly relieve case if it is by pursuing the following course of treatment in a general way.

**Treatment.**—As soon as possible remedy the orificial lesions—you will always find from one to half a dozen.

Operations on thyroid gland are of no permanent use.

Thyrodine is not successful because its tendency is to stimulate the thyroid gland, while in this disease it is already over stimulated.

What I think will prove the most successful treatment in advanced cases is a modified rest-cure, with largely milk diet, coupled with pleasant surroundings, daily applications of mild galvanic current administered in following manner: Place the negative pole on back of neck, and positive on tumor. Massage by Graham or Mitchell methods is very beneficial. Keep this treatment up until patient is in the best possible operative condition, then perform the necessary operation under chloroform anesthesia preceded by large dose of whisky or brandy, to sustain the heart's action; if it becomes very weak, use strychnia hypodermatically.

**Medical Treatment.**—Aconite, belladonna, collinsonia, veratrum viride, and many other remedies may be found indicated at different times. Spigelia, according to the symptomatology, seems to be more typical of Grave's disease than any other homeopathic remedy, and in cases when the heart's action is weak and irregular, with sensation of approaching death, it works admirably, but should not be given lower than 3x. The tincture or 1x of convallaria flowers is recommended

very highly, both as a cardiac and nerve sedative. Lycopus in 5 drop doses of mother tincture, a remedy first recommended by Hale and later strongly endorsed by Lilianthal and Goodno. The bromide of gold 2x in 2 grain doses three times per day is said to be used with some degree of success in France.

For the accompanying insomnia, flushing and nervous dyspepsia I have usually found one or two drops of 1 per cent solution of nitroglycerine dropped on the tongue, a speedy and sure remedy, sometimes 10 grain doses of moschus 6x trituration, will act equally well. For reducing the exophthalmia bandaging the eyes several times per day, with firm but gentle pressure, is said to be very successful, but I really think that most of the benefit derived from that procedure is accounted for by the continuous suggestion; in fact, strong positive suggestions should be used all through the course of treatment. The patient should be guarded from any emotional disturbance and fatigue.

The leading old-school remedies are belladonna, ergot, iron, veratrum viride, quinine in combination with digitalis and strophanthus.

### REPORT OF CASES.

FRANK F. WILLIAMS, M.D.  
CANTON, N. Y.



Immediately after my graduation in 1883, I began to be afflicted with chronic cases. I took the history and symptoms of the cases carefully, studied the materia medica faithfully, and prescribed the indicated remedy high and low, tried alternation, combination and tonics, reviewed the cases and took a fresh start but as a rule, the results were unsatisfactory.

Having seen some patients who claimed to have received great benefit from the use of "The Brinkerhoff System," I began its use in the fall of 1886 with great compunction of conscience and much hesitation, but was both surprised and gratified at the good results in many cases. After I had continued the use of this system for some time I began to believe that in some way or for some reason to me unknown, the rectum was primarily the seat of chronic diseases with all their varied phases and manifold symptoms, for whenever I examined a rectum of a patient suffering from any disease of long standing I almost invariably found an unhealthy con-



dition, therefore in September, 1890, in search of "further light" on the subject I came to Chicago and attended Prof. Pratt's course in orificial surgery. And what a revelation it was to me! I found out the why and wherefore, and what to do about it. I never learned so much in a week in my life. Being located in a town with no hospital, and engaged in general practice, I am obliged to do my surgical work at the homes of the patients, with few and many times untrained assistants, and yet as a rule the results have been satisfactory, thanks to the orificial law.

Case 1.—Mrs. A. B. P., aged 36 years; married 4 years; no children; has had hemorrhoids since she was a child, uterine displacement for 16 years, but, worst of all, she has had eczema for 3 years, with constant intolerable pruritis, worse in the genital region, but in spots all over the body, and no external or internal medication gave any permanent relief. When she came to me, January 4, 1894, her condition was as follows: Weak and emaciated, cold hands and feet, covered with dark red scaly eczematous patches, external genitals eczematous and swollen, two carunculæ in the meatus, frequent painful calls to urinate, uterus low down and small, poor digestion, alternating constipation and diarrhea, sphincter ani contracted, rectum contained piles, pockets and papillæ. I operated January 8, 1894, doing all-round orificial work, plus the American operation. Before she was removed from the table the eczematous patches had begun to fade. Recovery was slow but complete. Discharged April 25th. In a letter dated April 16, 1899, she says, "I was in bed two months previous to the operation, but can now say that I am well, and the operation a complete success. At the age of forty I gave birth to my first child.

Case 2.—Mrs. H. W.; aged 50; always well until December, 1893. Began to awaken in the night from a sound sleep with a smothered feeling and palpitation of the heart. These attacks continued to grow more severe, until a doctor was called. He said she had a weak heart and was nervous and gave her a tonic. In April, 1894, she began to have a weak, faint feeling in her stomach, with vertigo, lasting only half a day at first and leaving her weak. This continued a few weeks; she vomited blood and her doctor said he was afraid of cancer, but afterward called it gastritis. She was sick in bed two weeks. The doctor said she had other troubles, made an examination, said she had a uterine fibroid, and he would try to absorb it. Gave her treatments until fall without improvement, when she began to indulge in boils on her abdomen, very large and painful. As fast as one would begin to get well another would start. When I was called she was having her seventh and what proved to be her last. I saw her first March 10, 1895. At that time she was very weak and bloodless, no appetite, had

diarrhea, piles, pockets and papillæ, cold hands and feet. March 28, 1895, I did usual orificial work and the American operation. Recovery was rapid and complete. In a letter dated April 10, 1899, she says: "Since I had the operation I have not had a sick day, and have taken no medicine; sleep well, eat everything I want; nothing seems to hurt me; do all my own work, sewing, washing, ironing, etc.; get tired sometimes, but am soon rested. My weight formerly was 97 pounds, now it is 103 pounds."

Case 3.—Mrs W. I. C., aged 24 years, married 3 years, one child 2 years of age. Had always been well until birth of child, which was described as a very difficult labor, with instrumental delivery and a bad laceration, which the attending physician attempted to repair without success. Disposition peevish, weak, appetite and digestion good, bowels regular, urination painful at times, some insomnia, menses regular, but all symptoms worse during the period; constant back-ache, aggravated by exercise. Local examination revealed laceration of the perineum to the sphincter ani muscle, bilateral laceration of the cervix, and a dense band of cicatricial tissue grown into the cervical laceration on the right side, and extending the entire length of the vagina to the labia, thus holding the uterus fixed low down in the vagina. There was present cervical metritis, with excessive thick white leucorrhea and great hyperesthesia of the vagina, preventing all intercourse, and causing much pain when examined. As local treatment and internal medication did no good, I operated on December 5, 1895. By the advice of consulting physician, and contrary to my own judgment, I only freed the cervix from the vaginal scar and repaired the cervix. The operation was successful, but the patient was no better; therefore in about three months I did a second operation, dissecting out the scar tissue from the whole length of the vagina and uniting the edges of the healthy mucous membrane with catgut sutures, and repaired the perineum. The results were satisfactory in every way, except the peevishness and the leucorrhea remained the same, and nothing I could do made any improvement. At length she became pregnant, and after the third month her health was perfect, and so continued to the time of labor. I was called to attend her confinement at 1 p. m., July 30, and after nine hours' careful manual dilatation of the cervix and perineum with lard, and three hours' slow work with the forceps, I succeeded in delivering a large, healthy boy without any laceration. Recovery from labor was rapid, uneventful, and complete, disposition happy, leucorrhea and vaginismus were things of the past, and I awoke to the fact that the baby had finished what surgery had started—the cure of my patient.

## THE ORIFICIALIST IN GYNECOLOGY.

FRANCIS A. SMITH, M.D.

ZANESVILLE, O.



No one can be a successful gynecologist without having an intelligent conception of the whole organism of the body. The dependence and relations of one organ upon another, of one system upon another, is such that he who expects to merit success in restoring health must well understand the influence which his efforts upon any portion of the female economy will have upon other parts of the body.

The specialist must, therefore, be a generalist. Orificial surgery has given to the gynecologist the key to the situation.

He now recognizes that cell action is dependent upon nerve action, and that the depression or stimulation of an organ is transmitted through the sympathetic nervous system to other parts of the body.

A chronic disease of any portion of the sexual or generative organs of the female system may therefore be expected to be associated with disturbed function or structure of other portions of the animal economy.

The gynecologist who is grounded in the principles of orificial surgery will consequently never rest his case in the treatment of a trouble presented to him as a local ailment without diligent search at other parts of the body which are likely to be found also at fault.

The treatment or operation upon the uterus without turning the light on the ovaries, tubes, or rectum, is as fallacious as the administration of an antipyretic to control the temperature of a typhoid patient while the swollen, tympanitic bowels, with frequent stool, is left unrestrained and uncorrected.

I am of the opinion that no one can be a successful master of the diseases of women in the sense that this expression should be understood without a recognition of the source of disease, the interdependence of the various organs, and the functions of the nervous force.

Orificial gynecology is not a means of curetting a uterus, removing an ovary, or extirpating a hemorrhoid for its local effect alone, but it is also for the general and systemic effect; by freeing the pinched nerves and liberating the nervous force that belongs to them; by equal-

izing the circulation of the blood; by dissipating the mental gloom that so often binds down its victim, and letting in the sunlight upon the soul. Its effects are not local—they are general. It is from this standpoint that we discuss gynecology. That this branch of medical science has made great strides from an operative and sanitary view, no one will question, but that the application to it of the principles of the orificial philosophy have made it doubly successful will be admitted by all who are familiar with its doctrines and are governed by honesty and impartiality. When Dr. Pratt announced to the world that "the irritation of an organ begins at its mouth," that "in all pathological conditions, surgical and medical, which linger persistently in spite of all efforts of removal, from the delicate derangements of brain substance that induce insanity and the various forms of neurasthenia, to the great variety of morbid changes repeatedly found in the coarser structures of the body, there will invariably be found more or less irritation of the rectum or the orifices of the sexual system, or of both," he made a statement that I believe has been verified in the experience of all who have given it careful investigation.

In support of this I call to mind two cases which came under my care some years ago.

Both were past 50 years of age; one a maiden lady, the other a mother of grown-up children. Both had facial neuralgia with almost continuous pain, which had defied the efforts of allopathic and homeopathic physicians. The skillful use of remedies, the application of electricity, the severing of the nerve in one of the cases, and many other remedial agencies, all failed to give but temporary relief.

As a consequence, both were anemic, extremely nervous, and emaciated. The neuralgia in each case was of years' standing, and they had drifted from one physician to another with the same negative results. Both were hopeless and despondent, and their homes were likewise rendered unhappy. At last, after failure had succeeded failure in every effort to relieve, they were induced to submit to an examination of the lower orifices of the body.

In the maiden lady was found a vagina whose entrance was partially encircled by a tissue almost cicatricial. In the other case, a lacerated perineum and abundant supply of hemorrhoids presented themselves.

To the orificialist it is unnecessary to say that the removal of these conditions liberated the nervous force, banished the neuralgia, and gave to each a physical and mental happiness which had not been theirs in years.

It is in these chronic conditions that orificial surgery is often most successful, and the physician who finds his remedies fail in giving back

health to his patient will seldom be disappointed in finding the trouble at the lower orifices of the body.

It is not asserted that all cases of chronic trouble have their sources in the rectal, generative, or sexual orifices, but it is believed that the ailments which defy all other forms of treatment will usually, if not always, be found to have had their origin there.

It is nerve waste that depletes and weakens the body, that impairs the functions of the various organs, and introduces pathological conditions that ruin the mental and destroy the physical, and when the gynecologist fully recognizes this fact, he will see, as the result of his labors, more than the correction of the local trouble.

He will perceive that his work is not for the repair of a part, but of all; not for the physical alone, but for the mental as well. He will recognize that it is regenerative in all its bearings and influence.

### SELF-PITY IN HYSTERO-MANIA AND SEXUAL NEURASTHENIA.

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GRAND RAPIDS, MICH.



Self-pity as a diagnostic symptom in the nervous affections of females is always pathognomonic of sexual neurasthenia—that is to say, every case in which it is present as a leading and distressing symptom is one having a sexual origin, either from over-use, perversion, abuse, or no use at all—i. e., a total deprivation of sexual gratification—or one of those unfortunate victims of the excessive zeal of the gynecologist.

Such has been the questionable degree of concentration of the attention of both physicians and patients upon the female genital organs during recent years, that the woman, whether single or married, who has arrived at middle life without passing through the hands of the gynecologist is exceedingly fortunate.

Fortunately the pendulum of professional opinion is swinging in the opposite direction, owing to the pitiable exhibitions and lamentable condition of thousands of mutilated women all over the land, until the feeling is gaining ground that there has been a display of a little too much surgical heroism and dash, and at last the profession is awakening to realize that the first matter for serious consideration

in a case is whether there is not a fair chance for the patient's recovery without mutilation and desexualization, with all its attendant miseries; if there be no malignant disease present demanding extirpation, and if such conservative measures are adopted as are within the reach of the gynecologist. I refer to this feature of gynecological malpractice thus early in my paper, because I wish to point out that much evil has resulted from premature arrest of the natural functions of ovulation and menstruation, and that thereby general neurasthenia, "sometimes bordering upon absolute alienation," and in some cases complete insanity, has resulted from injudicious operative interference for the removal of the ovaries, fallopian tubes, or uterus, or all together.

Moreover, the distressing neuralgias of the lumbar and sacral nerves which result from the wounding and cicatricial contractions that follow with the pinchings of the pelvic plexus of the sympathetic produce such distressing results that the wonder is that many operators have not been shot in retaliation by the victims of their meddlesome butchery.

Of these distressing and troublesome sequels, coccygodynia is a familiar example. An observer along these lines has this to say on this subject: "There is perhaps no more striking instance of an agonizing pain in the body than the troublesome affection of the coccygeal nerves, which is a reflex from the mutilation of a previous operation upon the pelvic-sexual viscera—or in many cases it may be of a purely subjective character." Further, vesical and rectal pain and irritation, it must be recollected, may have their origin in causes outside the bladder and rectum. In many cases they are due to enlargements, displacements, or an inflammatory state of the uterus. Again, want of power of the sphincters, diminution in reflex control, resulting in most distressing consequences to the sufferer, are the frequent results of mutilation of the pelvic-nervous plexus in consequence of operations undertaken (very often unadvisedly and unnecessarily). In most cases the symptoms which have led up to such surgical interferences have been deteriorations of the general health, having their primary cause in the abuse of the sexual organs. We trust we have said sufficient to establish the truth we are anxious to enforce, viz.: that in the treatment, whether prophylactic or curative, of the nervous diseases peculiar to women, the attention of the physician should be directed to the general health of the patient and to the condition of all the viscera, and not to those of the pelvis alone.

The drains which result from abuse of the sexual life have a depressing and exhaustive effect upon the brain, spinal cord, and the sympathetic system, and a better way to remedy such weakening influences is to cure the mind of its lustful desires, and thus give rest to the over-

taxed organs, instead of stimulating them with exciting drugs, or resorting to their entire removal, as in oophorectomy or castration, and this can be accomplished by rest, devoid of all the evil consequences of a surgical mutilation.

The mind is the natural protector of the body, and whatever tends to weaken the mind unnerves, demoralizes, and distorts the harmony or coördination of the entire organism. Moreover, we know that it has been established beyond question that sexual vigor and mental vigor are intimately related, and, in fact, that the sexual life is the sustaining life of the mind, and that the keynote to the hygiene or preservation of the health and vigor of the brain and nervous systems—voluntary and involuntary, the entire five sympathetic nervous systems and functions, objective and subjective mind, recreation and procreation—is the maintenance of the sexual system in as healthy and vigorous a condition as possible.

And not only is the health and vigor of the brain and nervous system dependent upon the preservation of the health of the sexual life, but also that of every organ and function of the body. In fact, all thought, all deed, all vital energy, is dependent upon the condition, and proceeds from and is responsive to, the sexual life in us, that begat us; and not only is the physical character of future generations dependent upon the vigor of the sexual life of the preceding generation, but also the character of its thought, its moral instincts, and its spiritual life are determined thereby. Hence, I agree fully with a writer who says: "Destroy the sexual life of a person, and disease is the inevitable result." If this be so—and it cannot be denied—then what an arraignment do we see of the reckless methods of the gynecological maniacs in the sad results, in the wrecked lives that have followed the mutilation and premature arrest of the sexual functions of ovulation, menstruation, and the function of motherhood, whereby the gynecologist makes work for the alienist, the neurologist, and the psychologist.

To secure and preserve the health of the sexual organs, and thereby guarantee the extension of the health and vigor of both mind and body, it becomes the duty of the orificial surgeon to remove everything that would irritate, disturb, weaken, excite, or keep in a state of unrest—the sexual and nutritive organs of the body, in accordance with the principles of orificial surgery.

Pertinent to this point, I quote from the JOURNAL OF ORIFICIAL SURGERY of November, 1892: "As the principles of orificial surgery become more widely disseminated, fewer women will have their ovaries sacrificed to the surgeon's knife, and fewer women will fill premature graves (there will be fewer mental and nervous wrecks), and the sleep

of the gynecologists will be less frequently disturbed by nightmares of their mistakes and failures." Shipwrecks in medical practice that have resulted (as in those of the sea) from following false charts.

But it is the nutritive function that suffers most by the enervation that results from any abnormal condition of the organs of sexual life in man, malnutrition, or defective metabolic changes in the tissues of the body, whereby the reproduction of cells is coequal with the destruction of cells going on in the various processes of life, is the physical condition, and this ends in debility.

All neurasthenic cases are, therefore, an expression or nervous manifestation, of the dual break in the physiological chain which is completed and strengthened so as in health to maintain a harmonious relation between a healthy supply of nutriment and the efficient discharge of functional activity, and it will be found in every case to have resulted from the misuse, or total lack of use, and therefore weakened and wasted condition of the reproductive organs.

I wish to quote once more from a medical writer to show how these atonic conditions of the system come about, and which result in discouraged, depraved, or altogether abnormal conditions of the mind:

"The intermittent or constant drain on the system brings with it a general atonic condition of the blood vessels (congestion or blood stasis), a proneness to hemorrhage, and general relaxation and enfeeblement of the muscular structures follow—not infrequently, as in certain forms of anemia—muscular atony, is complicated with superfluous and unhealthy deposits of fat in various parts of the body. This is the consequence of the general defect in the metabolic processes at work in the blood and in the tissues. In all these cases the result is the same, namely, the arrest in the tissues of the body, of the anabolic and catabolic phenomena (or hystogenesis), on which the maintenance of health depends. And this points to defective assimilation of nutrient material and nutritive processes in the tissues. This in its turn depends upon weakened sympathetic (or automatic) nerve power, and that, in its turn, is the direct consequence of excessive nerve waste. When lunacy results, it is a case where the candle is being burned at both ends, as in cerebral paresis or paretic dementia, invariably the result of sexual waste, consuming prodigally the leucithim (or phosphorescent serum of the brain lobes), which is closely allied in its character with the seminal fluid of the male. The waste or excessive drain from the nervous system of nerve substances called leucithim and protegen (C<sub>212</sub>, H<sub>240</sub>, N<sub>4</sub>, PHO<sub>44</sub>), is the result always of overwork of the cerebral or reproductive functions.

And this weakened condition of the nervous system reduces the animal courage and mental confidence, brings about neuralgic pains



and a sense of helplessness, and the result is a wailing, childish, plaintive cry for sympathy manifested as the leading and pathognomonic feature in every case. Only in a few exceptional cases of hystero-mania, where, from temporary cerebral congestion, furious symptoms are manifested, do we have the plaintive feature displaced by the destructive tendency.

But in all cases the cerebral waste has been the same, but temporary congestion or hyperemia has taken the place of the usual anemia, a condition easily relieved by rectal dilatation or the frequent administration of a triturate of ferrum phos.

Now this affords me the opportunity to refer to the fact that it is the miserable attempts of humanity to substitute artificial methods, usages, customs, habits, and modes of living for simple, natural methods, that make all the trouble and brings about all the sufferings of mankind. To trace every case of neurasthenia or hystero-mania back to its cause, we must study how we do live, how we should live, natural lives in an artificial condition of society, and then we should not wonder that we are sick, but rather stand amazed that we have any successful or healthful life at all, since we weaken habitually every law of nature and violate every rule of health, and expect sympathy when we are ill. Sickness is a crime—a violation of natural law, and the punishment must be borne. Sometimes we afflict ourselves, sometimes others or circumstances afflict us. "The most important health is that of the mind."

My next proposition is to prevent nervous diseases in women, and to cure them when once established. The only method is to establish healthy, natural sexual life, with natural gratification of sexual desire at an early age, by encouraging early marriages, while the blush of innocence is still upon the cheek, as God meant should be experienced when he created male and female, and declared "it is not good for man to be alone." Neither you nor I have ever seen a man or woman (especially women as I refer to them) who had reached thirty years of age unmarried or unsettled, that was either happy or healthy. It does not take much acumen to see that discontent, dissatisfaction, if not nervousness or nervous disease, actually is present every time. And among married women, those who violate nature's laws by refusing to become mothers are either dead or diseased or in the asylum before they have reached fifty.

The Malthusian doctrine, or the justification of limitation of the number of children in families, has recently been attacked by the Association of Midwives in Manchester, England, and from the British Medical Journal of June 17th I take the following: "One of the papers published in the Volume of Transactions of the Society

of Midwives of Manchester and District was entitled, 'Malthusianism; or, Tired Ovaries.' In this the author states: 'A forty-year-old virgin is rarely healthy (I would have said thirty), and the same is true of the married woman who resolves to have no more than two or three children; they are both afflicted with tired ovaries from constant (fruitless) ovulation and a hungry womb.' Comment is unnecessary; words could not better express it.

The heart hunger and settled melancholy of the unmarried maiden and early widowed wife is well expressed under the head of "Unsatisfied Desire" by a clipping I have made from a medical paper, and it will serve to set you thinking along these lines. It is headed, "Unsatisfied Desire," and "Enforced Sexual Abstinence a Cause of Nervous Disease Among Women."

This writer says: "No woman reaches eighteen years of age without full development of ovarian activity, unless prevented by disease. Ovulation, or the monthly development of matured ova in the female, is the fundamental provision of nature for the perpetuation of the species, and as nature makes no provision for wasted energy, the production of the ova implies their impregnation, and a corresponding provision in the male for the production of zoosperm, the bringing of them together by the natural act of copulation of the sexes at regular intervals, thus producing generation and satisfying the desires and activities of the natural organism which conduces to the preservation of health. Failure in copulation, or the prevention of conception by any artificial means in the married woman carries with it 'unsatisfied desire,' and, by its violation of the natural process, provokes disease. Oft repeated useless ovulation in the single woman, and suppressed desire, with an ever-present hunger of the womb, always results in defective development or disease, and makes 'single blessedness' mean truly 'single cursedness,' when the truth which is usually suppressed is told. In support of the contention, the small amount of nervous disease, womb trouble, hysteria, melancholia, and insanity among Mormon women may be cited. A Mormon authority states: 'Nervousness, insanity, and female complaints are not prevalent among our women; they live to a good old age, and are happy.'"

I next quote from an interesting paper by W. J. Handfield Haslett, M.D., England, read before the British Medical Association, and published in the "Treatment" of June 8th, on some of the climacteric neuroses of women. He says, "There is another variety of climacteric disease which is purely mental, of slow development, and very incurable. For want of a better name, and to call a spade a spade, I have called it 'old maids' insanity.' This variety is not very common in this country (England), and I have only had three cases under my care.

(It is common enough in America; I have seen several.—W. E. B.). It occurs in single women who have led a strictly ascetic and virtuous life, devoting themselves to religious and intellectual work and carefully repressing the animal side of their natures (with its lust and passion). They are generally far from attractive, but this he regards as a coincidence. (Not so. An uncomely face or figure is accompanied with some vicious characteristic of temper which mars the comeliness of the face and form, and sometimes gives it the expression of "persona ingrata," positive ugliness, and that is true to nature's law, "Without love there can be no beauty." Most of such females develop some form of nervous disease, although all do not result in hystero-mania or melancholia.—W. E. B.) "Just before the menopause," he continues, "there seems to be a spurt of erotic excitement, and some unfortunate man, frequently a clergyman, becomes the victim of these attentions. In one typical case the lady was forty-two, and lived a rather solitary and egotistical life in lodgings, being very much devoted to church matters." (I knew a similar case in which players' cramp and St. Vitus' Dance developed, which was cured by Christian Science (the Gospel of Love), after material remedies had failed, destroying the erotic desire in her nature, which restored harmony to the disturbed organism.—W. E. B.) Dr. Haslett goes on to say of his case: "She was a member of the flock of an aged vicar, who was a very accessible man, and no doubt the lady saw a good deal of him. (Many a good clergyman's reputation has been wrecked by such erotic females, while the medical profession look on indifferently, without saying a word of explanation, or stretching forth a hand to save, as they might.) At any rate, she never missed an opportunity of seeing him, and he could never turn a street corner without meeting her. Her whole life became dominated with the one thought, 'The vicar.' This doubtless arose from the fact that she had no other work or interests in life. Every word the clergyman said was construed into a confession of devotion. She told all her friends of his undying love for her, at which the clergyman, on hearing, was embarrassed more than ever on meeting her, and this, she thought, added to the confession of his attachment. The poor man's life became a misery to him, but it did not end there. Insane suspicions began to arise in her mind; she believed the vicar had bribed the doctors to give her medicine that affected her sexual health, and she described how the medicine turned the lower part of her body green. Then the inevitable jealousy arose, and another woman became the object of her insane dislike. Matters reached a climax; one Sunday in church she accused her rival of trying to estrange the vicar's affections from her, and chased her around the

church with an umbrella. That was too much, and the next day she was 'certified' and sent to the asylum." (I had a similar case in Montreal some years ago, where a woman, becoming insanely jealous, accused another woman in church, before the congregation, of estranging her husband's affections, and drove her husband to break up his business and leave town, because he could not get her friend to consent to sending her to an asylum. The man was ruined, their son became insane, and she became a nervous wreck, all through the pernicious effects of masturbation and lack of proper restraint.—W. E. B.) This happened years ago; the lady still has her delusion, with much moral perversion. Dr. Haslett's patient was a masturbator, and put a meritorious construction on it, also upon the most innocent actions of her friends. ("Self-pity" on account of sexual privation as an excuse for self-gratification is alone lacking to complete the picture of a parallel case.) She had made self-indulgence a fine art, was extremely selfish, yet, withal, seemingly deeply religious. Precisely parallel with the case I had in my own practice, but in which I stood alone in my diagnosis, to the great misfortune of all interested. Her mother and relatives insisted that insanity did not exist in the family. These persons are incarnated selfishness, and care little how much they injure or distress others.

This case of Dr. Haslett, and the parallel case in my own practice (in which the patient, while practicing masturbation, would persistently refuse her husband marital commerce for months, to punish him for some fancied wrong), warn us that sexual perversion, or severe repression of the animal instincts, often has baneful results. Such women are social terrors, attacking their rivals anywhere they happen to meet them—on the street, in company, in church, or no matter under what conditions. They bring grave accusations against innocent people; they are often dangerous through their insane suspicions, and the only safe course is to remove them, once and for all, from their old associations and surroundings, and put them under proper care and restraint in a cottage asylum or retreat, as Horace says, "*Naturam expellas furca tamen usque recurret.*"

I have quoted Haslett's case of "moral insanity" if possible to more strongly back up my own assertions, that the "sexual life" is the "sustaining life" of both mind and body; and any suppression or abuse, or suppression of the sexual functions, must derange the whole nervous organism. Such patients have morbid imaginations, and they live to complain and excite sympathy. They are full of "self-pity," and a selfish or perverse patient cares little how much he distresses others. They are the incarnation of selfishness and cunning, and have reduced self-indulgence to a fine art.

The sexual function has never been given due consideration in relation to the health of the brain and nervous system and the general condition of the functional life of the body. Hence impotency in the male is treated with the most supercilious nonchalance, and yet it has more to do with the well-being of the race than any other, and is as far-reaching as the sexual functions themselves.

Neurasthenic impotency in the male arises from like causes and produces like results as sexual incapacity in the female, and both lead to a condition of general paresis or waste of the nerve centers, with paralysis or dementia as symptoms. Everyone is familiar with the peculiar whine of helplessness of the demented and the paretic. It is a cry of distress that demands relief.

Instead of passing by on the other side, as the pharisaical members of our profession are wont to do, as if it were degrading to treat or consider sexual diseases of either sex, let us rather accept the words of the reviewer who says, in the New York Medical Journal for June: "Reflection will make it clear that a subject which is the natural basis of love, the foundation of the social fabric, the home and the family, which is intimately associated with the character and general appreciation of life, and with the mental, moral, and physical well-being of the entire organism, cannot be so universally neglected without evil consequences as far reaching as the sexual functions themselves. Indeed, strong as the statement may appear, it is a better deed to restore to an impotent man the powers so precious to every individual, than to preserve a dangerously sick man from death, for in many cases death is preferable to impotence." Now, if this statement be accepted, in what light does it place those who have been producing impotence in the female by premature arrest of ovulation through the removal of the ovaries on the flimsiest pretext, in many cases removing ovaries that were found to be healthy, to complete an operation. There can be no possible excuse for that kind of experimental specialism which fills the country with sexual neurasthenics, melancholics, and hystero-maniacs.

You will say this is a sweeping conclusion, but if you could see a patient I have had under my care recently, a lady who three or four years ago submitted to the removal of one ovary after the other, and finally to an operation for the fixation of a so-called "floating kidney," for a hundred dollars for each of the three operations, and finally was advised by the same surgeon to have the other kidney fastened up for another hundred, at which her husband balked, and could then witness the mental effect upon this poor wreck of a once beautiful and active woman (in early life a school teacher), you would, with me, be ready to condemn oöphorectomies to the "moles and bats," rather

than allow such a disastrous result to be inflicted upon any individual. I may here state that it was from witnessing the prominent feature of "self-pity" in this case that led me to the discovery that desexualization had taken place and the usual history in such cases had followed. I attended this case for about three months with some success. The melancholia was distressing; even suicide was threatened on several occasions, and her lamentations were piteous—like Rachel, weeping for her children, she refused to be comforted. I did some orificial work on the rectum, followed with frequent dilatations, and, finding defective assimilation the prominent symptom, with abnormal nerve sensations of a rheumatic and neuralgic character, I resorted to daily hypodermic injections into the skin of the back, of 1-50 gr. nitrate of strychnine, and gave five drops of the mother tincture of phosphorus (which is a saturated solution of phosphorus in ether, which dissolves about 1 per cent), equal to 1-20 gr. of phosphorus daily. Dr. Bradley, in *Lancet*, England, says: 'I have frequently employed this preparation of phosphorus and have found it of signal service in curing neuralgia, especially in those subjects who add to a highly nervous temperament some cause of nerve waste, so that I have considered it probable that the neurasthenic symptoms of neuralgia in these cases have indeed been (as Romberg styles it), 'the cry of the hungry nerve for blood,' or, rather, for its own special pabulum, or food, in the blood, and that the phosphorus has directly supplied this want.'

In my patient's case I varied the preparation of phosphorus used, sometimes giving the tissue salts, triturations, for a few days, calc. phos., kali phos., ferrum phos., magnes. phos. (three grains three times daily alternately). She had no meat diet at all—this was prohibited—but fish, eggs, milk, fruit, etc., frequent hot baths with massage. The result after three months' treatment of this kind has been most satisfactory. No electricity was applied, nutrition being the basis of physical life. I have tried to furnish nutrient pabulum to the hungry nerves, and the anemic brain was flushed by frequent dilatation. The patient has recovered her rational mental condition. She has recovered her natural feelings, has ceased her lamentations and threatened suicide, and now is a "joy and comfort" to her family and friends. Orificial methods, combined with the philosophy of nutrition, did it. She is now, though still weak, in the enjoyment of mental and physical health, which is the soul of enjoyment in life, without which all joy is tasteless, all pleasures fade, all hope is dead.

Moral: When you hear that plaintive cry of self-pity, look to the sexual system for the origin of the trouble. Let me close by saying that, with Ingersoll, I hold entirely different views of the nature, scope,

and influences of the sexual life of man, to those universally believed in and acted upon. I believe it to be the life of the body, the life that brought us into existence. I know it is looked upon as the life of the reproductive organs alone, and that it holds a low and despised place in the estimate of depraved and fallen mankind. With such an idea of it prevalent, all thought and feeling regarding it stimulate lust and passion, whereas, if it were regarded as a sacred function, a trust imposed on each successive generation, a high and holy privilege, the power to impart life and perpetuate the links in the chain of heredity, and if the facts were known that mental conditions affect the bodily secretions and also that the mental conditions and purity or impurity of thought and feeling is reproduced in the child, the importance of purifying and elevating thought and associations would be realized, the sexual life redeemed from perversion and degradation to which it is now subject, and its effect, which is in reality the poisoning of the bodily secretions by mental influences, as in the case of a nursing mother who, by fits of jealousy or anger, poisons her milk and kills the child, so the man who, by anger, evil thought, or jealousy, vitiates the seminal secretions, provokes disease in his wife, and this is not the least fruitful source from which ulcerations, leucorrhœa, and gonorrhœa come.

I cannot close this paper without recalling the words of Professor Pratt on the value of attention to the hygiene of the sexual system as a means of preserving the health of the human family and of extending both mental and physical capacity to the full term of existence, which the Creator has set at one hundred and twenty years. (See Genesis vi. 3) "But the years of his days shall be one hundred and twenty." And this accords with the well-known law of life governing all living organisms, which is : "All organized beings (plant or animal), should live five times the time it takes to come to maturity." I think, after considering this subject, you will be ready to agree with Professor Pratt and myself that the proper method of treatment for mental and nervous diseases, and the best means of preserving the health, is the perfect development and preservation of the health of the sexual system.

Professor Pratt says, on page 78, ORIFICIAL SURGERY: "A waste of sexual power, as will readily be understood, must mean a waste of sympathetic nervous power in general—a veritable undermining of all the vital forces of the system. In view of its importance in this country, it is remarkable that greater attention has not been paid to the anatomy, physiology, and hygiene of the human organism."

Again he says: "The fact is just beginning to be appreciated that much of the disease and weakness, mental, nerval, and physical, of the

male sex may be entirely prevented by giving proper attention to the hygiene of the sexual system. Whereas you find a man or woman of strength of will, of honesty of purpose, one who is controlled by right virtues and possessor of a vigor that knows no defeat, you will find one where the sexual system is under control and not the master.

Such a man's course through life is steady and unswerving, and marked by that success which is the nearest approach to the ideal life. In strong contrast are those who have made life a failure, and you may be assured they have been weakened by an abused sexuality. In the prevention of sexual waste, the control of mental forces is fully as important as the repair of physical deformity."

Is it not, then, time for men to awaken to a keener appreciation of these facts, and by proper means eradicate all possibility of such a perversion of life forces, and present a purer page for coming generations? In others words, let me add, does it not impress you as self-evident that if you want a healthy mental and nervous system, you must have a healthy sexual system? And what is true in this respect of one sex is true of the other.

And as to the most natural methods of treatment to secure a healthy sexual system, and therefore a vigorous brain and nervous system, Professor Pratt has made one remark that deserves to be written in letters of gold. He says, page 105: "It seems to me that the more nearly we approach to the processes of nature in our methods of cure, the more successful we will be," and then commends dilatation. In my experience, there is no remedy equal to it in value. I cannot say too much in its favor, when wisely and thoughtfully used. It is nature's own remedy, and will never disappoint you.

Would we save from wreck and premature decay the mental and physical powers of our patients, then let us do it by preserving the sexual organs and restoring them to their natural healthy condition, and let us shun the path and scorn to follow in the wake of those who strew their professional pathway with the wreck of physical organism and the ghosts of blighted lives. In this let our conscience be clear, and when great Shakespeare asks,

"Can'st thou not minister to a mind diseased;  
Pluck from the memory a rooted sorrow;  
Raze out the written troubles of the brain;  
And, with some sweet, delicious antidote,  
Cleanse the foul bosom of that perilous stuff,  
Which weighs upon the heart?"

we can reply, "Good Shakespeare, this can we do,

"As healthy thoughts from healthy organs spring,  
As healthy birds do soar on healthy wing,  
As sweetest flowers in richest soil do grow,  
And we shall reap in kind just what we sow."



So we can minister to a mind diseased, by cleansing its foul stream by orificial methods, and, like the man whom Jesus healed, restoring him to his friends, clothed in the garb of health, and with a healthy brain, "reason restored and in his right mind."

I may not expect the views I have herein propounded will meet with the endorsation of all who listen to or read them, but I trust that nothing I have said may wound the susceptibilities of any, for "humanum est errare," and my duty has been done when I have pointed out the error and counseled against the danger I have alluded to. This association has a noble work to do, and its members should be noble in their bearing. It is a great and glorious cause we have espoused, a mighty principle we champion, and its rests with us individually to make its disciples—the disciples of the orificial philosophy—respected and esteemed. We may not all be luminaries of the first magnitude; there will always be greater or less planets in the heavens, and the variety in sun, moon, and stars relieves astronomy of monotony. So of the members of this grand association, of the brightest and best of minds of the great and noble profession, we cannot all be great, but we can all be good. There is only one Professor Pratt, as there was but one General Grant, but we can be worthy members of the rank and file of the G. A. R. of orificial surgery; we can all be inspired with the enthusiasm of our cause, and the desire to maintain the honor and respectability of our association and profession. Each in his little sphere can prove his worth and make it a blessing to humanity, if each will but do his duty. Love is the life-giving principle which all should encourage; envy and hatred, malice and jealousy, are mental phases that are responsible for much of the unhappiness, suffering and disease of the race.

The thoughts here hastily thrown together are but suggestions to inspire trains of thought and perhaps habits of closer observation in others. Remember:

" This above all, to thine own self be true,  
And it must follow as the night the day,  
Thou can'st not then be false to any man."

Ofttimes the doctor is poorly recompensed:

" God and the doctor all alike adore,  
But only when there's danger, not before,  
The danger o'er, both are alike requited,  
God is forgotten and the doctor slighted."

A Doctor: I am not a member of the association, but I would like to ask a little counsel on a case that needs orificial surgery, but it doesn't need anything very great, probably circumcision—a little fellow only two years old—and if the society is willing I would like to

report that case and see what some older men than I am in the work think about it.

President Means: What is the pleasure of the society?

Several Voices: "Consent," "Consent."

Same Doctor: The case is this: It is an Irish family—and you know how reasonable they are when you try to control them to do anything uncertain. I saw the little fellow when he was three weeks old. He had scaldhead, some colic, and what is usual at that troublesome time; he had phimosis and an adhered prepuce—couldn't retract it at all. I advised circumcision, but the father counseled with some old fogey, I guess—or at any rate he wasn't willing to have it done—and I heard no more about it. A couple of months ago he brought the little fellow into the office. His story is that he isn't any taller than when he was born, but he is mistaken about that. He had a box-shaped head, was pot-bellied, arms and legs half as long as the body, anyway—bound to be a dwarf. The boy needs circumcision. Whether anything is wrong with the rectum I don't yet know. But what I want to ask is, Do you think the proper orificial work, the circumcision and correction of anything that may be wrong with the rectum, would help that boy, and, if so, about how much?

President Means: I think that is easily answered. What would you do, Dr. Replogle?

Dr. Replogle: I would circumcise that child, or I wouldn't have anything to do with the case. He puts me in mind of a case that came to me with about that appearance. I circumcised the boy and found some pockets, some irritation in the rectum. I dilated the rectum and removed the pockets; in three months that boy was playing around like other children. This little boy was about five or six years old, I think; he is still living—that was about eight years ago. The whole neighborhood thinks I saved the boy's life, because some other doctor said there was no chance for him. Circumcision and a little rectal work did the work.

First Doctor: The little fellow wears what I heard Dr. Pratt call the expression of a premature old man; probably weighs as much as a two-year-old child, but he is short and out of proportion. When the father talked with me last, I said to him: "I can't promise to cure him, but I can promise to help him some." He was not satisfied, and I had the burden of evidence of old men against me; but I think I can get control of the case, and I want to ask what you think about it.

Dr. Drake: That is a typical case for orificial surgery—thorough orificial work; shake him up well. But, previous to doing that, have the parents understand that the child will not recover under a year at least; that they will not see very much difference short of three

to six months, but after the first year passes they will see the benefit. Of course, they must understand and know that the child will go the other way unless the work is done soon, and the sooner it is done the sooner the recovery.

Dr. Edwards: It seems to me that it is not wise to make too positive statements unless the diagnosis is thoroughly made. It seems as if the child might be suffering from cretinism. In that case orificial surgery possibly would help.

Dr. Young: I am very much interested in this work with idiotic children. It is one of my specialties. That is where I have made my greatest successes. I have taken children eight or ten years old that were idiotic, that had never known enough to feed themselves, had never walked a step nor talked a word, and made good, bright children of them. Of course, it takes time, patience, and perseverance. The first thing necessary is good, thorough orificial work; as Dr. Drake says, do not touch them lightly—do not be afraid, but do thorough orificial work. I do that work, and then begin a process of education. I would like to say something about this—I don't know whether any of you have given it attention. I discovered my first case, but since practicing it I find it has been used by others, and that is education during sleep. While sitting beside the sleeping idiotic child, my first bad case, the thought occurred to me, Why not try to make an impression on his subjective mind? This boy is full of subjective mind, he has no objective mind; and I began my experiments, before I knew that anybody else had taken up this thought. It took me three weeks to teach him to pronounce the first word. I decided on one word and kept at that, suggesting during sleep. I could see very little effect from the first effort—that is, with the first work—but at the end of three weeks I had him so he could say the word when I told him to. The next word took a week, and after that I could teach him two or three words a week. In a few weeks he was picking up and using words. His family was German. I want to speak of a very peculiar feature. He heard no German at my home, but as his mind began to develop he would begin to say the German words. For instance, he could say the German word for hat, "hut," and it was a month before he could say "hat"; the vocal sounds are almost identical, and yet he could say "hut," but couldn't say "hat." So with "bread"; he could say "brod" long before he could say "bread." In a year and a half I had a nice, bright boy who could read well, knew the figures, could count a hundred, waltz, count the steps, dance jigs, kick as high as his head, drive my horse—and drive faster than I would. I was very proud of him. That boy brought me quite a number of similar cases. I

would like to speak of other cases along this line: Another boy came to me, ten years old, no mentality, pretty well developed physically, the son of wealthy parents in Pittsburg. They had had a special teacher—a kindergarten teacher—for this boy. They had been unable to teach him anything; no indication of a memory; his folks said they never saw the least sign of his ever remembering the slightest thing; did not know his home when he was out in the street in front of it. His mother said she had had an experienced teacher who made a special effort to teach him to count. She worked four months, and never got him so he could count two; she would say “one,” and he would say “one”; she would say “two,” and he would say “two”; she would point to “one” and say, “What is that”? and he didn’t know; no indication of a memory at all—not even so he could count two. I told her I would teach him to count—this was the first of October. She said: “If you get him so he can count five by Christmas, I’ll be the happiest woman in Pittsburg, and think it wonderful.” Before Christmas he could count a hundred as fast as I could tap them off on my fingers, count the figures in a paper, pictures in a book, and all the pieces in a chair, and so on. This is one instance of the benefit of orificial work in defective children. The doctor’s case is along the same line; while the mental feature is not so bad, yet it is defective development. Orificial treatment will restore harmony, start development of organs undeveloped, in this case physical development; in my cases it was principally lack of mental development. It is the key that will tune the organs to harmonious music, harmonious growth.

Same Doctor: I want to say, this boy seems to be mentally bright.

Dr. Curryer: Precocious?

Same Doctor: Yes.

Dr. Curryer: May be tuberculosis, then.

Dr. Runnels: Mr. President, is the program ended?

President Means: The program is virtually closed.

Dr. Runnels: Then I would like the indulgence of the society for a few moments while we return to the Bureau of Beauty—if we may call it that.

President Means: We will be glad to hear from Dr. Runnels.

Dr. Runnels: Not that I have a desire to delay you, but I have a clinical case that I desire to present here to-day. I would like to say a few words on the general subject of beauty before presenting this case. As we look into nature we notice that natural processes abound all around. Take it in the vegetable world, for instance; where a tree has a fair opportunity it develops itself, it grows into perfection; it is the most beautiful tree that can be made—as beautiful as God can make it. That is always the way in nature, unless there

are some embarrassments, some interference, with the processes of life. Wherever you see a tree gnarled and with bumps and knots on it, an imperfect tree, it is because the nutrition and life of that tree have been interfered with. Perhaps a storm has rent its members, torn its limbs off, or some animal has chewed its bark off, or a worm has wrought mischief among its roots.

Now, the animal tree is identical with the tree in nature, and will grow in symmetry and beauty if it has the chance. The human tree will be what it was designed by God to be if it has fair opportunity, if the nutrition is not interfered with, if something does not come along to mar the original design. It is one of the most entrancing subjects I can think of, this problem of reaching the ideal of the Creator in this human world. If we, as a profession, are workers together with God—if we can help to bring out the original design when mishap has occurred—then it has been well said, there is no vocation on earth equal to ours, no field so full of pleasure and return, for we are taking hold of things eternal when we work with the forces of nature to bring out the best that can be expressed in human life. This case just mentioned by our friend is a beautiful opportunity in which to exhibit the great value of the work under consideration. If the principles underlying the orificial philosophy can be employed in this case, the result will be highly satisfactory to all concerned, I am sure. That child can be brought up in a short time to his best development through aids that can be given to his nutrition. All that works as a thorn in the flesh favors malnutrition, and must be abated. If thorough orificial work be unattainable, then do partial orificial work. If circumcision be denied, then break up all preputial adhesion, extract the confined smegma from behind the corona glandis, and his nutritive forces will quicken and the boy will show marked improvement. He may need circumcision later, and with the great good already done, the father will doubtless yield his consent for that also.

So it is with many skin troubles and embarrassments, both physical and psychological. There is something hampering the individual life force in every case of chronic disease. He is a prisoner behind bars, and needs liberation; his nutritive forces need to be liberated. This is truth, and the knowledge of it will grow on you till the last day of your life. I tell you, the medical profession is asleep to-day on this subject, and some great trump of Gabriel ought to waken them to this great knowledge that is so easily possessed by all.

I took hold of this work with great reluctance and as a doubting Thomas. When Dr. Pratt told me in 1885, in St. Louis, of his discovery of pockets and papillæ in the rectum, and of his belief in the fact that rectal pathology was the basis of a very large percentage of

the chronic diseases, I regarded the statement as that of an enthusiast, and looked at it with incredulity. But I remembered it, and when I went home from the American Institute, I thought a great deal about it. In passing through this city in September following, I stopped over to look the matter up. Dr. Pratt was still possessed with his idea, which had grown rapidly with his experience. He had been able to effect cures he had never been able to accomplish before, and had expanded his curative range almost immeasurably. From this my own experiences began. I was forced to accept the truth of the orificial philosophy, and from that day to this I have stood for the absolute verity of that great revelation. Misconceptions and errors gradually disappeared, and I became better able to do the work called for at my hands. I learned when and how to do the work, and daily increased my knowledge of its wonderful range of beneficent action. All this has led me to more devout study of the processes of nature and to a keener realization of the part played in life-force by the sympathetic nervous system. So that if I were shut up to the use of one thing in the practice of medicine, if I were to be permitted to wield but one weapon in my battle with diseases, I should take orificial surgery in preference to anything. No drug of the *materia medica* or electricity or massage can equal its ability to quicken lagging life-force. I should find myself greatly crippled in my work if I were now to be deprived of its service, and should feel, in that case, like one thrown back again into the dark ages of medicine. And this I say from the depths of my heart.

I have seen people grow again into beauty, old wrinkles to go out of the face, and life to come in. I have seen the dull, listless eye quicken, and people come into possession of their powers again with a rapidity that was marvelous, miraculous, more than I can tell. I have with me in my hospital to-day a minister of the gospel, brought in on the verge of insanity. His friends had tried to enter him at private insane hospitals, but could get no assurance of permanent help. In despair, they were preparing to consign him to the State Insane Asylum, when they heard of orificial surgery, and brought him to me. He was six feet high, and weighed 101 pounds—one of the most emaciated men I ever saw alive. He looked like a prisoner escaped from Andersonville, starved to death; eyes dull and listless, and he moved with great slowness. If I asked him a question, I could not tell whether he heard me or not, for he would not answer me, or if he did it was only after a long time, and then in a low, drawling tone. I might have to ask him to answer again, so that I could understand what he said.

I banked on the certainty that he had orificial difficulty, and he

had. I said, "I can do a great deal to help that man. I believe I can have him preaching sermons in Indiana in six months, as well as ever." I took him to the hospital and did the work within an hour from the time I saw him the first time. The sluggishness continued for three or four days. When I came into the room he would not see me—would turn his head the other way, with scowled brow. I would hold out my hand and speak cheerfully, but he would not see the hand or speak to me. Then after two or three days he began to see me, to hold out his hand for a shake, and was glad of recognition. I saw that he was catching on. His appetite returned. It has now been two weeks since the operation, and he went downtown and around the grounds yesterday without an attendant; is commencing to sing and to tell and enjoy witty stories, and will soon be himself again. Already he has gained five pounds.

Eight years ago this month I met a gentleman in this city who was about as badly used up as any man I ever saw. He was emaciated, and slow in every movement. I said to some of the doctors who were around, "What's the matter with him?" They said, "He has cancer of the stomach. He can't take any food, or rejects it if taken, and has all the evidences of cancer of the stomach." I said, "Does Dr. Pratt expect to do anything for him?" "Well, he says he hopes he can, but is not certain." "What is he going to do?" I asked him. "The American operation," was the reply. Well, I saw him operated upon. He picked up a good deal, gained much in the next six months, but then reached a time in his existence when he did not seem to make further progress. His stomach was in an uncertain condition, and he was anxious to energize his life-force to a yet greater extent. After a year he had the American operation performed a second time, with great additional benefit, and which led to his complete cure. To-day I see here that same man, and I want to say to you all that he is a living example of what orificial surgery can do for an apparently hopeless case. Dr. P. S. Replogle (applause) is the man to whom I refer, and is, as you well know, able to write his own epitaph.

President Means: Well, we are glad to have heard from Dr. Runnels. That is the experience of most of us, but we are not capable of expressing it in as good language.

That ends the program for this session. There is one thing I want to ask your advice on, and have the society to decide it. As you understand, the program is divided into sections, the section on Orificial Philosophy, New Methods, After-Treatment, Nervous Diseases, Gynecology, Surgery and Miscellaneous—those are the subjects or sections. Is it the intention to follow them every year? I want the expression of the society. If it is, it is the duty of the president to appoint com-

mittees now to take charge of the sections, so that it can be put in the record.

Dr. Runnels: I think you really lose energy by so much separation and division of work. This thing is so knitted together in every way that you cannot make minute division of labor without loss of force. If you ask for fifteen or twenty-minute papers, and let each one chose his own subject—tell of the thing that is true in his experience—you will have a redhot meeting, a far better meeting than if you try to split it up.

President Means: What is the pleasure of the society?

Dr. Drake: I was going to suggest that we have at least one meeting—an experience meeting. What Dr. Runnels has impressed on the minds of the younger members—has undoubtedly done them more good than the papers. It has been in my mind a good many years that we were dividing this up too much, and they might write on other subjects better. I think it is better to change it, at least for one year; have one session for perhaps experience meeting, or something of that kind, or a portion of a session and the balance for papers—something of that kind. I will not make a definite suggestion.

President Means: It is easy enough to talk and criticise, but what are we going to do? Do we wish to change it, or not?

Dr. Gray: I move you, Mr. President, that the division of this society into sections be abandoned, and that we have one general program.

Dr. Replogle: I second the motion.

President Means: You understand the purport of that motion, and what it would mean—no chairman virtually of any section. Is that what you understand?

Dr. Gray: Yes.

President Means: And who will it depend on to select all the essays?

Dr. Gray: I can't answer the question. My thought is that we have a program for the convention of Orificial Surgery, not dividing it into Nervous Diseases, New Methods, and so on, but all follow the general line. Now, what is the Executive Committee for—isn't that a good committee on program? Who is responsible for the program?

President Means: I would say that the president and secretary would be responsible for the program next year if we adopt that plan, and probably as successfully as the way we have been doing.

Dr. Runnels: More so.

President Means: If that is the opinion of the society—if it is thought best, and that is the motion before the house, we will do away



with the sections and subdivisions heretofore made, and that there shall be a number of papers presented to this society for discussion under no particular heading—is that about the purport?

Dr. Gray: And leave the program to the officers of the association.

President Means: And that the president and secretary be empowered to get up the program?

Dr. Drake: That they may ask the members of the society to contribute papers.

Dr. Runnels: That is, if a man has anything to say to us, let him say it.

President Means: It has been moved and seconded that we abandon the section method.

Dr. Curryer: I am opposed to that motion. It says to the officers they shall prepare a program, they shall suit themselves, and then you tie their hands. I am opposed to it. You say you want an experience meeting, and there's no class leader, no brethren to lead off in it. I believe we must have a leader and have sub-heads, and I don't want you to chop them off. If you leave it to the officers we will get up the program; don't tell us what to do, and then tie our hands. It is my experience in association work, when you leave anything to everybody, nobody does it.

Dr. Runnels: I didn't mean to shut off your doing as you pleased—not at all. We have got a president here, and we want to give him something to do, and he is a good leader of class meeting, I know, and you cannot get a better chairman. Let him head the whole thing; let him find out who is going to stand by him and what they are going to do, then he knows what he has. He can work up fifteen or twenty papers without any trouble.

President Means: I believe that is the proper method in which to handle this. I believe if the president and secretary will correspond with the ones whom they shall select, asking them to prepare a paper on their own subject, we will get the experience in a better way that we could otherwise. Now, the question before the house is, Shall we abandon the sections? Are you ready for the question?

Carried.

President Means: Now we should have some motion before the house covering the opinions expressed.

Dr. Runnels: I move that the whole question of the program arrangements be left in the hands of the president and secretary.

Carried.

Dr. Drake: There is another little matter that has not been presented—the report on president's address. The committee is ready to report.

Vice-President Johns: We will have the report of the committee on President's address.

Members of the American Association of Orificial Surgery:

Your committee on our president's address, though he does not make any recommendations, consider the entire paper a masterpiece, and we recommend its publication for the benefit of those members who were so unfortunate as to be absent during the delivery of the address. We would say that we have just one comment to make upon one paragraph of the paper, which may or may not be unfortunate. Note where he speaks of motion being necessary to life. This seems to your committee to savor strongly of the new fad, osteopathy. Nevertheless, your committee recommends the publication of the entire paper as delivered. Report submitted.

J. H. DRAKE.

H. C. ALDRICH.

W. F. CURRYER.

Vice-President Johns: You have heard the committee's report; what will you do with it?

Accepted.

President Means: I wish to say, in behalf of the retiring officers of the American Association of Orificial Surgery, that we wish to thank you for the courtesy extended to us in the handling of this meeting.

Dr. Curryer: I move that the President be extended a vote of thanks for his arduous labors and good temper. (Laughter.)

Dr. Runnels: In order to establish a precedent, I second the motion.

Carried by a rising vote.

A Doctor: I would like to suggest that the meetings be held in some other place. It seems to me that when the meetings were held downtown they were attended a good deal better and we had better times.

Dr. Aldrich: I move that matter be left in the hands of the president and secretary.

Dr. Curryer: We have an invitation to take the meeting to Cleveland, haven't we?

Secretary Young: Yes, we have had several, and one was from Omaha, offering the courtesies of the exhibition now open there, and one also from Detroit. This is from Cleveland:

CLEVELAND, O., September 5, 1899.

To the Officers and Members of the American Association of Orificial Surgeons, in Convention Assembled at Chicago, Ill.:

On behalf of the citizens of Cleveland, the Business Men's Convention League desires to extend to your body an earnest and cordial

invitation to select Cleveland as the meeting place of your next convention.

If you will do us the honor of assembling in our city one year hence, the Cleveland Business Men's League will endeavor to make your visit one that will be long and pleasantly remembered. Cleveland as a convention city has many attractions. Delightfully situated on the south shore of historic Lake Erie, and in immediate proximity to a number of the coolest and most refreshing water resorts to be found upon the Great Lakes, and with a climate that is all that can be desired, we believe that Cleveland can justly lay claim to its reputation of being "The Ideal Convention City of the Central States."

One of Cleveland's greatest vantage points is her centralized location and her absolutely admirable transportation facilities. These two features, we believe, are deserving of no little consideration in your selection of a city in which to hold your next annual convention.

The citizens of Cleveland have the reputation of being hospitable entertainers, and in the event of our city being honored with your next convention, the Cleveland Business Men's Convention League members will gladly coöperate with local committees to the end that your visit may be one of pleasure as well as of profit.

We not only have many beautiful convention assembly rooms in our city which can be placed at your disposal, but we have unexcelled facilities for providing you with a general program of entertainment such as will cater to your wants in the most agreeable manner.

You will be pleased with the hospitality of our people, and the people of our city will feel honored at the acceptance of their invitation. Hoping that our invitation, as extended, will receive from your body the most considerate attention, we remain,

Very truly yours,

W. H. SIGLER, President.

LOUIS J. LEE, Secretary.

We have had a number of invitations from other cities, and it might be well to decide whether you want to act on the place of holding the next meeting, or whether to leave that in the hands of the officers.

Dr. Aldrich: I move you it be referred to the president and secretary.

Carried.

Secretary Young: Another thought on this line might be well to present. Would it not be better to hold this meeting in the spring, at the time of the post-graduate course? There is a larger attendance then than at the fall course, and might it not be a stimulus to greater attendance?

Dr. Aldrich: I move that it be referred to the president and secretary.

Dr. Runnels: I suppose the officers are glad to have this thing discussed, especially as it is left to them to decide. It has long been a question in my mind if there would not be a diffusion of knowledge if there should be a departure from Chicago, especially if Dr. Pratt would go with them and hold the clinic. While the meeting was held in Cleveland, say, have all the men in that section bring in their knotty cases; it would be a means of light diffusion. For all these years we have been coming to Chicago. Those of us who have had a little inkling of what could be heard here, and are willing to come, feel it a loss if we don't come to these meetings. I myself wish to be present at every one, and so with some of the others. But the point is to make this thing universal. What we are trying to do is to spread the gospel among the heathen, and it is a question I think the officers can consider in conjunction with Dr. Pratt, for we do not wish to do anything that would interfere with his wishes in the matter, and it is a question if he would not have a larger audience and a better audience under those circumstances.

President Means: Anything further?

Dr. Curryer: Some of you thought it would be well to have an experience meeting, and we have come to the conclusion that Dr. Runnels would make a good class leader, and we would like to give him notice now to have his class in training. (Applause and laughter.)

On motion, the convention adjourned *sine die*.

## LIST OF MEMBERS.

---

Aldrich, Henry C.....	Minneapolis, Minn. ....	1894
Andrus, A. P.....	Ashland, Wis. ....	1889
Avery, James C.....	Vassar, Mich. ....	1898
Ayers, Mortimer. ....	Pasadena, Cal. ....	1894
Baldwin, T. R.....	Waco, Tex. ....	1894
Ballard, Laura A. S.....	San Francisco Cal.....	1888
Bangs, F. H.....	San Jose, Cal. ....	1893
Barrett, J. W. ....	Osage, Ia. ....	1893
Barton, Ernest. ....	Portland, Ore. ....	1898
Beal, S. W.....	Worthington, O. ....	1888
Beaman, C. P.....	Ithaca, N. Y.....	1893
Bennett, Judson H.....	E. Jordan, Mich.....	1894
Bliem, M. J.....	San Antonio, Texas.....	1888
Burnside, A. W. (Dead).....	Chicago ....	1888
Buck, O. H. (Dead).....	Paris, Ky. ....	1896
Brick, Paul L. ....	Le Mars, Ia.....	1889
Bentley, W. A.....	Bismarck, N. Dak. ....	1889
Barnard, J. S.....	Baltimore, Md. ....	1889
Bloyer, W. E.....	Cincinnati. ....	1899
Block, H. C.....	Milwaukee, Wis. ....	1899
Bowman, F. C.....	Duluth, Minn. ....	1889
Bowman, J. S.....	Benton Harbor, Mich. ....	1889
Bowman, A. P.....	Sioux City, Ia.....	1888
Backus, J. B.....	Braidwood, Ill. ....	1888
Barnhill, T. G.....	Findlay, O. ....	1888
Bessey, W. E.....	Toronto, Can. ....	1889
Bennett, C. T.....	Detroit, Mich. ....	1890
Burroughs, Amelia. ....	Boston, Mass. ....	1892
Boyer, Walter N.....	Franklin, Ohio. ....	1892
Bryan, J. T.....	Louisville, Ky. ....	1892
Bull, W. H. H.....	Atlantic City, N. J. ....	1890
Beebe, Curtis M.....	Los Angeles, Cal.....	1888
Beebe, H. E.....	Sidney, Ohio. ....	1888
Bailey, W. M.....	Detroit, Mich. ....	1891
Brown, M. Belle.....	New York. ....	1896
Brown, C. W.....	Superior, Neb. ....	1891
Bergman, N. ....	Dwight, Ill. ....	1892
Beverley, C. A.....	Ames, Iowa. ....	1891
Brinley, W. H. (Dead).....	Minneapolis, Minn. ....	1895

Burt, W. H. (Dead).....	Chicago.....	1894
Carriker, M. A.....	Nebraska City, Neb.....	1893
Casebeer, J. B.....	Fort Wayne, Ind.....	1897
Cocke, James R.....	Boston, Mass.....	1894
Collins, N. M.....	Rochester, N. Y.....	1888
Cole, C. E.....	Prairie du Chien, Wis.....	1897
Combe, William Brimble.....	Carmi, Ill.....	1899
Costain, T. E.....	Chicago.....	1893
Collester, J. C.....	Spencer, Iowa.....	1892
Coombs, J. T.....	Fulton, Mo.....	1894
Coolidge, J. W.....	Scranton, Pa.....	1892
Covey, C. E.....	Grand Ledge, Mich.....	1897
Clifford, G. G.....	San Antonio, Texas.....	1893
Clemmer, J. W.....	Columbus, Ohio.....	1892
Comstock, T. Griswold.....	St. Louis, Mo.....	1892
Clarke, B. G.....	New York.....	1892
Church, Charles A.....	Passaic, N. J.....	1892
Corning, G. A.....	Hampton, Iowa.....	1888
Cooke, W. C.....	Moravia, N. Y.....	1895
Carr, R. W.....	Sedalia, Mo.....	1888
Curtis, Charles C.....	Redlands, Cal.....	1888
Cogswell, G. E.....	Waukegan, Ill.....	1889
Coffeen, C. R.....	Piqua, Ohio.....	1890
Corwin, Elizabeth.....	Binghamton, N. Y.....	1894
Cole, E. Z.....	Baltimore, Md.....	1890
Caine, W. H.....	Minneapolis, Minn.....	1890
Crandall, A. M.....	Hokah, Minn.....	1899
Crawford, T. P.....	Canton, Ohio.....	1893
Crippen, J. H.....	Waterloo, Iowa.....	1890
Clark, F. M. (Dead).....	Salem, Ohio.....	1891
Curryer, W. F.....	Indianapolis, Ind.....	1895
Damon, E. H.....	Bloomville, Ohio.....	1893
Danforth, L. L.....	New York.....	1894
Dunn, C. N.....	Centralia, Ill.....	1888
Daily, J. C. (Dead).....	Fort Smith, Ark.....	1888
Dart, J. M.....	Salt Lake City, Utah.....	1888
Dodge, M. M.....	Albert Lea, Minn.....	1888
Drake, J. H.....	Des Moines, Iowa.....	1888
Davis, A. P.....	Chicago.....	1889
Dunn, J. L.....	Titusville, Pa.....	1889
Dunn, G. W.....	East Peoria, Ill.....	1889
Delbridge, G. W.....	Atlanta, Ga.....	1889
De Cailhol, E. A.....	Los Angeles, Cal.....	1895

Dill, J. W. ....	Oskaloosa, Iowa. ....	1896
Drais, L. ....	Woodlawn Park, Ill. ....	1889
Dunn, J. A. ....	Titusville, Pa. ....	1890
Dunlevy, Rita. ....	New York. ....	1894
Dieuis, R. O. ....	Chanute, Kan. ....	1891
Deyoe, D. L. ....	Louisiana, Mo. ....	1891
Drayer, S. P. ....	Dayton, Ohio ....	1891
Eaton, Cora Smith. ....	Minneapolis, Minn. ....	1894
Edson, C. C. ....	Dixon, Ill. ....	1889
Edgar, S. F. ....	Zanesville, Ohio. ....	1888
Elms, J. K. ....	Traverse City, Mich. ....	1888
Elms, B. C. ....	Fairfield, Iowa. ....	1889
Elliot, A. F. ....	Santa Monica, Cal. ....	1889
Enos, J. W. ....	Alton, Ill. ....	1890
Einarson, B. ....	Englewood, Ill. ....	1890
Elder, W. R. ....	Terre Haute, Ind. ....	1890
Ellis, J. Tresler. ....	Waynesville, Ohio. ....	1890
Erni, G. Oscar. ....	New Albany, Ind. ....	1891
Foster, W. A. ....	Kansas City, Mo. ....	1888
Fahnestock, C. A. ....	La Porte, Ind. ....	1888
Fahnestock, J. C. ....	Piqua, Ohio. ....	1895
Farrington, C. ....	Sedalia, Mo. ....	1888
Fickle, J. D. ....	Carlisle, Pa. ....	1890
Finch, H. C. ....	Broadalbin, N. Y. ....	1898
Foreman, H. ....	Brundige, Ala. ....	1891
Freeborn, Grant. ....	Waterbury, Conn. ....	1893
Freeman, R. E. ....	Los Gatos, Cal. ....	1895
Freemyer, G. L. ....	Benton Harbor, Mich. ....	1896
Fruth, D. O. ....	Fostoria, Ohio. ....	1893
Gentry, W. D. ....	Chicago. ....	1893
Gibson, E. T. ....	Minneapolis, Minn. ....	1893
Gillard, E. ....	Sandusky, Ohio. ....	1893
Graham, D. M. ....	Duluth, Minn. ....	1892
Gray, Thomas J. ....	Minneapolis, Minn. ....	1899
Gard, B. ....	Fort Wayne, Ind. ....	1892
Gould, W. W. ....	Rochelle, Ill. ....	1888
Green, W. E. ....	Little Rock, Ark. ....	1888
Grant, A. B. ....	Ionia, Mich. ....	1889
George, J. D. ....	Indianapolis, Ind. ....	1897
Goodman, C. H. ....	St. Louis, Mo. ....	1890
Graham, C. A. ....	South Charleston, Ohio. ....	1890
Grove, C. E. ....	Spokane, Wash. ....	1894
Grosvenor, Lemuel C. ....	Chicago. ....	1894

Hicks, Thomas H. (Dead) . . . . .	Knoxville, Tenn. . . . .	1897
Huston, A. S. (Dead) . . . . .	Anderson, Ind. . . . .	1892
Hunt, Charles R. . . . .	New Bedford, Mass. . . . .	1892
Holloway, J. C. . . . .	Vincennes, Ind. . . . .	1892
Hallman, V. H. . . . .	Hot Springs, Ark. . . . .	1894
Hassler, M. Margaret. . . . .	Allentown, Pa. . . . .	1892
Hassler, J. W. . . . .	Allentown, Pa. . . . .	1892
Herkimer, G. R. . . . .	Dowagiac, Mich. . . . .	1898
Huntington, R. M. . . . .	Boone, Iowa. . . . .	1888
Hill, M. J. . . . .	Sterling, Ill. . . . .	1888
Haley, H. H. . . . .	Champaign, Ill. . . . .	1888
Hayes, R. E. . . . .	Freeport, Ill. . . . .	1888
Hall, W. G. . . . .	St. Joseph, Mo. . . . .	1889
Hamilton, F. . . . .	Springfield, Mass. . . . .	1889
Hart, R. W. . . . .	Galena, Ill. . . . .	1889
Hart, Frank O. (Dead) . . . . .	West Unity, Ohio. . . . .	1894
Harrison, G. E. . . . .	Chattanooga, Tenn. . . . .	1889
Hopkins, A. G. . . . .	Muskegon, Mich. . . . .	1890
Hamilton, H. W. . . . .	Springfield, Mass. . . . .	1890
Hoffman, J. O. . . . .	Defiance, Ohio. . . . .	1891
Holbrook, H. H. . . . .	Orleans, Neb. . . . .	1891
Holbrook, Francis D. . . . .	Chicago. . . . .	1891
Hollopeter, C. M. . . . .	Fostoria, Ohio. . . . .	1894
Hodge, Marion (Dead) . . . . .	Niagara Falls, N. Y. . . . .	1893
Hodge, W. H. . . . .	Niagara Falls, N. Y. . . . .	1893
Howland, Anna C. . . . .	Poughkeepsie, N. Y. . . . .	1894
Hubbell, E. . . . .	St. Paul, Minn. . . . .	1893
Huntley, Victor F. . . . .	Manton, Mich. . . . .	1899
Jackson, W. H. H. . . . .	Oil City, Pa. . . . .	1889
Johnson, S. A. . . . .	Kalkaska, Mich. . . . .	1889
Jones, A. Cuvier. . . . .	Tucson, Ariz. . . . .	1889
Johns, E. B. . . . .	Lexington, Ky. . . . .	1889
Jones, Jesse R. . . . .	Jackson, Miss. . . . .	1890
Jones, O. Q. . . . .	Tecumseh, Mich. . . . .	1897
Jerman, William L. . . . .	St. Louis Park, Minn. . . . .	1891
Keatel, C. H. . . . .	Maysville, Wis. . . . .	1888
Kerr, S. H. . . . .	Elsberry, Mo. . . . .	1893
King, C. H. . . . .	Traverse City, Mich. . . . .	1891
King, F. L. . . . .	Hastings, Neb. . . . .	1896
Kinyon, C. B. . . . .	Ann Arbor, Mich. . . . .	1897
Klein, J. W. . . . .	Louisville, Ky. . . . .	1894
Knight, S. H. . . . .	Detroit, Mich. . . . .	1896
Koch, Margaret. . . . .	Minneapolis, Minn. . . . .	1899



Kreider, M. K. ....	Goshen, Ind. ....	1893
Lane, C. E. ....	Poughkeepsie, N. Y. ....	1896
Leland, E. G. ....	Whitewater, Wis. ....	1894
Lusk, W. F. (Dead) .....	Battle Creek, Mich. ....	1888
Le Fevre, Wells. ....	Hot Springs, Ark. ....	1888
Link, O. C. ....	Lincoln Neb. ....	1892
Lawrence, M. D. ....	Chicago. ....	1892
Linn, S. H. ....	Rochester, N. Y. ....	1889
Linn, H. J. ....	Buffalo, N. Y. ....	1889
Lee, Charles E. (Dead) .....	Caldwell, Idaho. ....	1889
Lobb, H. W. ....	Philadelphia Pa. ....	1889
Lards, Charles H. ....	Adrian, Mich. ....	1899
Logee, H. M. ....	Connorsville, Ind. ....	1891
Laughton, W. R. ....	Cassopolis, Mich. ....	1891
Loughridge, W. K. ....	Pleasant Dale, Neb. ....	1899
Marsh, B. P. ....	Bloomington, Ill. ....	1888
Monroe, A. L. ....	Louisville, Ky. ....	1888
Madison, J. P. ....	Cynthiana, Ky. ....	1888
Means, J. W. ....	Troy, Ohio. ....	1888
McAffee, E. M. ....	Indiana Mineral Springs... ..	1889
McCanon, F. W. ....	Clearfield, Iowa. ....	1899
McHarrie, William. ....	Montreal. ....	1899
McLinn, G. H. ....	Huntington, Ind. ....	1888
McLennan, Donald. ....	Holden, Mo. ....	1889
Muncie, E. H. ....	Brooklyn, N. Y. ....	1890
Muncie, Libbie Hamilton. ....	Brooklyn, N. Y. ....	1890
Munson, H. O. ....	Astoria, Ill. ....	1892
Morley, F. W. ....	Sandusky, Ohio. ....	1892
Moss, O. B. ....	Kansas City, Mo. ....	1890
Marks, W. F. ....	Reading, Pa. ....	1891
Marks, A. J. ....	Toledo, Ohio. ....	1891
Miller, A. W. ....	Anderson, Ind. ....	1891
Miller E. P. ....	New York. ....	1893
McCleary, R. B. ....	Galesburg, Ill. ....	1891
McFarland, T. S. ....	Sedalia, Mo. ....	1896
Martin, Robert. ....	Milwaukee, Wis. ....	1891
Murphy, Frank W. ....	Dayton, Ohio. ....	1899
Newton, W. E. (Dead) .....	Ligonier, Ind. ....	1888
Nixon, E. E. (Dead) .....	Hot Springs, Ark. ....	1888
Nicolay, William J. ....	Bloomington, Ill. ....	1889
Niebling, W. C. ....	Findlay, Ohio. ....	1895
Noe, O. D. ....	Hammond, Ill. ....	1897
Northrup, A. A. ....	.....	1894

Northrup, E. S. ....	Kansas City, Mo. ....	1894
Notrebe, E. P. ....	Kansas City, Mo. ....	1893
Nyssens, Ernest. ....	Brussels, Belgium. ....	1896
Osborne, H. W. ....	Cleveland, Ohio. ....	1888
Pritchard, W. E. ....	Los Angeles, Cal. ....	1888
Pauly, C. A. ....	Cincinnati, Ohio. ....	1888
• Pratt, E. H. ....	Chicago. ....	1888
Pratt, Leonard. ....	San Jose, Cal. ....	1888
Parker, D. H. ....	Eau Claire, Wis. ....	1888
Patterson, J. M. ....	Champaign, Ill. ....	1892
Peltier, P. D. ....	Hartford, Conn. ....	1893
Pennoyer, N. A. ....	Kenosha, Wis. ....	1893
Pendergast, J. W. ....	Cincinnati, Ohio. ....	1889
Perky, Lenore. ....	Lincoln, Neb. ....	1893
Pettit, W. H. ....	Cedar Falls, Iowa. ....	1897
Phillips, J. R. ....	Erie, Pa. ....	1892
Pratt, C. Manville. ....	Towanda, Pa. ....	1890
Preston, Edgar D. ....	Warren, Pa. ....	1899
Palmer, O. A. ....	Warren, Ohio. ....	1890
Primm, J. N. ....	Hannibal, Mo. ....	1891
Pitcher, A. O. ....	Mount Pleasant, Iowa. ....	1891
Putnam, T. J. ....	North Adams, Mass. ....	1894
Rodebaugh, H. A. ....	Marysville, Ohio. ....	1893
Ross, G. A. ....	Fort Wayne, Ind. ....	1888
Rhu, Auguste. ....	Marion, Ohio. ....	1892
Richards, R. Milton. ....	Detroit, Mich. ....	1899
Roberts, T. W. ....	Winona, Minn. ....	1888
Replogle, P. S. ....	Chicago. ....	1888
Runnels, O. S. ....	Indianapolis, Ind. ....	1891
Russeh, L. E. ....	Springfield, Ohio. ....	1893
Steyner, J. F. ....	Pittsburg, Pa. ....	1888
Sax, Isadore. ....	Crete, Ill. ....	1888
Sawyer, C. E. ....	Marion, Ohio. ....	1892
Schantz, H. F. ....	Reading, Pa. ....	1892
Skiles, H. P. ....	Chicago. ....	1892
Streeter, J. W. ....	Chicago. ....	1892
Sharp, J. H. ....	Genesee, Wis. ....	1892
Shannon, S. F. ....	Denver, Colo. ....	1895
Smith, Frank B. (Dead) ....	Rochester, N. Y. ....	1889
Shepherd, W. F. ....	Glendale, Ohio. ....	1889
Sherwood, H. A. ....	Warren, Ohio. ....	1893
Shill, C. W. ....	Lafayette, Ind. ....	1891
Shoemaker, C. A. ....	Lincoln, Neb. ....	1899

Siegmund, E. K. ....	Chicago. ....	1895
Slaughter, S. G. ....	West Superior, Wis. ....	1894
Smith, Emmet L. ....	Chicago. ....	1891
Smith, F. A. ....	Toledo, Ohio. ....	1891
Stone, Waldo Hodge. ....	Providence, R. I. ....	1894
Tait, T. Eliot. ....	Creston, Iowa. ....	1896
Trine, T. H. ....	Chicago. ....	1889.
Townsend, H. S. ....	Buffalo, N. Y. ....	1892
Thacher, C. I. ....	Chicago. ....	1892
Tiffany, J. W. ....	Centre Point, Iowa. ....	1891
Thatcher, J. T. ....	Oregon, Mo. ....	1891
Travis, J. H. ....	Elsie, Mich. ....	1896
Turner, T. Sawyer. ....	Binghamton, N. Y. ....	1895
Turbin, Louis M. ....	Chicago. ....	1894
Tuttle, A. M. (Dead) ....	Phoenix, Ariz. ....	1893
Ullrey, A. O. ....	Niles, Mich. ....	1898
Vansant, J. F. ....	Paris, Ky. ....	1889
Vidal, Etting C. (Dead) ....	New York. ....	1890
Van Scoyoc, L. G. ....	Kansas City, Mo. ....	1890
Van Norman, E. V. ....	Los Angeles, Cal. ....	1895
Walters, F. A. ....	Stevens Point, Wis. ....	1896
Warden, J. E. ....	Springfield, Mo. ....	1896
Weirick, C. A. ....	Chicago. ....	1892
Webster, William (Dead) ....	Dayton, Ohio. ....	1888
Whipple, A. A. ....	Quincy, Ill. ....	1894
Whitefield, T. A. ....	New Povidence, Tenn. ....	1897
Whitfield, I. J. (Dead) ....	Grand Rapids, Mich. ....	1880
Walls, C. B. ....	Chicago. ....	1897
Warnock, J. T. ....	Atlanta, Ga. ....	1889
Williams, F. F. ....	Canton, N. Y. ....	1889
Wilson, Charles G. ....	Clarksville, Tenn. ....	1890
Welliver, J. E. ....	Dayton, Ohio. ....	1890
Waddell, William E. ....	Chicago. ....	1890
Waggoner, G. W. ....	Corry, Pa. ....	1893
Wilson, J. H. ....	Bellefontaine, Ohio. ....	1891
Winchell, H. R. ....	Rich Hill, Mo. ....	1893
Worcester, F. D. ....	Springfield, Vt. ....	1893
Walker, James Monroe ....	Denver, Colo. ....	1893
Youngman, M. D. ....	Atlantic City, N. J. ....	1888
Young, Frank E. ....	Canton, Ohio. ....	1891
Young, H. G. ....	Pioneer, Ohio. ....	1899
Young, E. Weldon. ....	Seattle, Wash. ....	1895
Zimmerman, H. A. ....	Youngstown, Ohio. ....	1892

# JOURNAL OF ORIFICIAL SURGERY. CHICAGO.

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## SURGICAL DUTIES OF THE GENERAL PRACTITIONER.\*

Regardless of the multiplication of specialties in the practice of medicine by far the greater number of practitioners must necessarily be all-round men. Especially is this true of those who practice in the smaller cities and towns and in the country. In medical meetings and medical literature the general practitioner may suffer neglect, because, in the first place, he is exceptionally modest and unobtrusive, and in the second place, much that he would be inclined to speak or write about would seem commonplace in comparison with the exhaustive and technical dissertations of specialists. And yet the all-round man always has been, is and always will be, the ideal doctor, the man who is supposed to know a little of everything, but not everything of anything. While the increasing intelligence of the general public demands a higher grade of all forms of medical service, the people as a whole still look up to and depend upon their family doctor as their very best friend and safest adviser upon all topics connected with their physical well being.

It is useless for the specialist to aspire to the influential position occupied in the family circle by the general practitioner. The specialist is respected in his specialty, but however much he may know of other things confidence in his opinion stops with his professed knowledge, and only as the family physician indorses whatever he says or does outside of his own professed line of work does his opinion inspire confidence. Such always has been, is now, and ever will be the case. The all-round man, the general practitioner,

\*Written for Southern Homeopathic Association, Thomasville, Ga., November, 1899.

the level headed, evenly balanced and universally intelligent doctor of medicine who can deliver women and cure the children, who can guide his patients safely through all forms of acute disorders, and has something to suggest for those who are chronically ill, regardless of disease type, is the doctor, the ideal medical man, dear to the hearts of the people, and the best and most perfect representative of the practice of medicine. He is something of a diagnostician and something of a prescriber; he is something of a chemist and something of an anatomist and physiologist; he is something of an electrician and something, whether he recognizes it or not, of a psychologist; he is something of a medical man, but also something of a surgeon.

This assertion is purposely framed in the present tense. Time was within the memory of us all when the family doctor could get on quite satisfactorily with a little knowledge of surgery, but that time is now gone by and the general practitioner of to-day, while he must know more of drugs and chemicals and diseases generally, must also know more of surgery than his predecessor.

One of the most important qualifications for the general practitioner is a full appreciation of his own personal limitations. He should have knowledge enough of all departments of medicine and surgery to make him fully alive to any situation in which he is placed, and if he finds his own personal knowledge of any difficulty he may encounter is inadequate for its successful solution, he must be wise enough to immediately recognize his own deficiencies and supplement them with such advice from special workers as his case may stand in need of.

The surgical knowledge demanded of an up-to-date practitioner has greatly increased of late years. To be sure while technicalities have greatly multiplied many of these are non-essential and can be safely omitted; but the fundamental principles of modern surgery should be thoroughly mastered by every family practitioner. These now include not only a knowledge of fractures and dislocations and their proper treatments, of inflammations and neoplasms and their sequences and significance, but also of modern bacteriology and pathology. It is no longer to the credit of any practitioner of medicine, regardless of his distaste for surgical practice, to ignore or refuse to recognize the germ theory of disease. However much he may prefer to limit his practice to the prescribing of

drugs, he is criminally negligent of his position of high trust as the family guardian of health if he neglects to give due and practical recognition to the surgical growth of the last few decades of surgical study. Personally he may feel an aversion to the lancing of an abscess, and so far he is not to be blamed, but it is his business to recognize the existence of an abscess, appreciate the importance of its proper surgical treatment and as early as possible call for whatever surgical help his case may stand in need of to guide it to a successful issue.

Were it not for the fact that sins of omission are of equal magnitude to those of commission the responsibilities of the general practitioner would be greatly lessened. But he has no right to be ignorant of the surgical necessities of his patients, and it is his plain duty in case he is not himself a practical surgeon, to supplement his own deficiencies with adequate assistance. In other words, he must be possessed of sufficient knowledge to recognize surgical cases whenever they are entrusted to his keeping, and either give them the surgical attention called for in person or direct them where to go for it. Major surgical operations should never be essayed by a man in the general practice of medicine except in emergency cases, where the circumstances render such practice unavoidable. It is all right for the general practitioner who is something of a surgeon, to repair lacerations of the cervix and perineum, to undertake the dilatation, curettement, and packing of the uterine cavity, to operate for the removal of hemorrhoids, pockets, and papillæ, to evacuate superficial pus cavities and treat burns, scalds, fractures, and dislocations, but it is not right for the general practitioner to assume the responsibility of operating upon rectal fistulæ or strictures, to perform hysterectomies or laparotomies, to resect joints or amputate limbs, to trephine skulls or meddle with caries of the spine or other deep seated bones, to attack chains of enlarged lymphatic glands or aneurisms, to operate upon the kidneys or bladder, to attempt the extirpation of deep-seated tumors or evacuate deep-seated abscesses. And this chiefly for two reasons: The first one is that his community would not be liable to forgive him for disastrous results from surgical procedure regardless of the skill exhibited or the general merits of the case, for a single surgical disaster might ruin his good name, which long years of service had established for him in his community;

and however competent he may be to render skilled surgical service, he cannot afford to hazard his general reputation by assuming heavy and unnecessary responsibilities in a single case. The other reason is that it would scarcely be possible for one whose time was mainly spent in the general practice of medicine to obtain sufficient practice in the handling of major surgical cases to become an expert, and he would do neither his patient nor himself justice in recklessly assuming a rôle he was not well schooled to fill.

There is less danger, however, of a general practitioner undertaking too great surgical responsibilities than there is in his overlooking needed expert surgical work for his patrons. His tendency to rely upon mere prescribing for the cure of chronic cases is his great weakness, and consequently the one which should be chiefly guarded against.

Aside from the great surgical progress instituted by the establishment of the germ theory of disease, the times in which we have lived have disclosed the marvelous fact that for what used to be considered chronic medical cases there is now a most radical, efficient, and satisfactory surgical cure. Obstinate cases of chronic rheumatism, dyspepsia, nervous prostration, spinal irritation, headaches, eczema, bronchitis, paralysis, and other forms of severe and persisting organic and tissue disturbance in all their various types have shown themselves easily amenable to a peculiar surgical procedure, which has done more to solve the problem of chronic disease for the human race than has yet been appreciated by the profession in general. Of this great fact the general practitioner, of all others, should be made aware. The surgical work called for in such cases involves in the majority of instances little suffering and small risk of life, and is so startling and effective and phenomenally satisfactory as to deserve universal recognition and employment in well selected cases. To be ignorant, careless, or indifferent to this great surgical help in the treatment of chronic diseases generally is not to the credit of any general practitioner of the present time.

I have reference now to what is commonly known as orificial surgery. This type of surgical procedure, by means of which the general nutrition of the entire body and all its organs can be influenced is based upon universally recognized anatomical and physiological facts, and its practicality is no longer a matter of conjecture. By orificial measures the sleeping energies of the body can be

wakened, reactive power can be aroused, improved capillary circulation can be universally established, and an impetus given to the restoration of health in all forms of chronic diseases in a more certain, permanent, speedy and in every way satisfactory manner than can be furnished by any other known remedial agent. Thousands of the advanced medical thinkers of the age have put the orificial philosophy to test now for many years, and the result is its permanent establishment as a powerful remedial factor in the history of medicine. Its establishment in reality will mark an era in the treatment of chronic diseases.

It is not the purpose of this paper to discuss in detail the orificial philosophy or the surgical measures by which the orificial thought is put in practice, but rather to merely call attention to the matter and remind the general practitioner that the chronic cases which baffle his prescribing skill and refuse to respond satisfactorily to other more commonly recognized measures at his command are unquestionably candidates for orificial work, and this fact should always be borne in mind and for the sake of his own reputation and the good of his patients should be made use of in times of need. Every general practitioner should master the principles of orificial surgery, should see to it that the children which he delivers be not permitted to suffer from adherent foreskins and hoods of the clitoris, from pockets and papillæ and simpler forms of rectal troubles—for children do have rectal troubles fully as frequently as they suffer from derangements of the eyes, ears, nose or throat, and preventive work in the pelvic region, which has in mind the release of terminal nerve fibres of the sympathetic system from undue impingement, is the most important measure by far known to medical men in the sphere of preventive medicine. As we live, develop, recover and maintain health and life by means of the sympathetic nerve, let us by all means relieve its accessible fibres from all undue impingement and the nerve waste thereby involved, and thus permit the natural life forces to have full sweep in performing their bodily functions. This is the sole purpose of the orificial thought, and it is serviceable not only in the cure of the chronically sick but also in the prevention of disease.

The surgical duties of the general practitioner could be treated much more exhaustively with profit and still not half the truth be



told, but short, suggestive papers are best for society purposes, and enough has already been said to serve the purpose for which this paper was intended.

E. H. PRATT.

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## SOME OF OUR EXPERIENCES WITH THE FIRST ILLINOIS VOLUNTEERS.

C. B. WALLS, M.D.

Assistant Surgeon First Illinois Volunteers.

CHICAGO.

*(Continued from August Number.)*

A little before noon a messenger arrived with an order to following effect: Have men withdrawn from trenches to camp nearby; make them as comfortable as possible; leave a strong guard in the trenches, so as to have a continuous chain; no one allowed to pass through the lines under any circumstances; cheering for the present prohibited. When the soldiers learned the news they stood around in groups, with hat in hand, waving it vigorously over their heads, mouth open as if cheering loudly, but not a whisper was made; this became known as a "dry cheer." Same afternoon Maj. Willard and writer visited surgical headquarters of 1st Army Corps, under Maj. Wood, who gave us some idea of their work early in July. They had some 900 cases. Many of these did not live two hours; of the others 80 per cent recovered from their wounds and operations. While there we learned that yellow fever had appeared in the medical camp of same division; evening of 13th there were fifteen cases; morning of 14th twenty-nine cases, and by evening they expected there would be eighty cases, because there were many suspicious cases in the fever wards. Returning to our command, we had opportunity to more carefully examine the road over which the 1st Army Corps had passed; some parts of it only eight feet wide, with high, barbed-wire fences on both sides; behind these fences was a heavy undergrowth, so dense that one could not see into it six feet. At this narrow part of the road the 7th, 8th and 10th United States regulars were fired upon from both sides and were unable to locate enemy. Here a certain detail was left to watch blankets, clothing, knapsacks, etc.; also some hospital corps men, with the Geneva emblem on their arms, were fired upon, several killed; and wounded men walking back to the hos-

pital were killed here, so that for three miles along this road each furlong has its history. Most of such shooting was said to have been by sharpshooters, high up in the stately palm trees. Two large "flies" were converted into a tent for seven of us. About midnight a noise was heard in our wigwam; examination revealed a soldier from an adjoining command; had crawled under "to get a sleep."

July 15th. The excitement and incidental strain to a prospective battle being taken away, there was a marked change in our sick list, chiefly malaria and one case of typhoid. Drs. Willard and Roberts, with a civilian, took our three horses to Siboney for tents and medicines for the sick. Each horse was loaded with as much stuff as he could carry back and ford the swollen streams, the doctors having to come back on foot, Siboney to near Santiago, over the nastiest roads, or rather clay holes. A call was made on our hospital corps for a detail of one hospital steward and ten privates for duty at Siboney at case hospital. This reduced our corps decidedly.

Afternoon of July 16th our attention was directed to people returning from El Caney to Santiago. El Caney is a resort in summer for families of better class. Prior to the shelling of Santiago by Sampson, many thousands went to El Caney to escape. Evidently they had made their flight in haste, for the clothing of many resembled that of the ballroom. Hundreds of these were going back to Santiago on foot. All classes were represented, from the haughty senorita with variegated silks and a fancy lace shawl, in dancing slippers, to others with scarcely enough clothing to hide their nakedness. One little fellow had a newspaper for a covering, but many children up to 10 years were without any clothing. The rough, irregular roads made the task of walking a hard one for so many, who had but scant fare for many days. Our neighbors, the Rough Riders, Col. Roosevelt leading, and a number of our command assisted many of these unfortunates with a bundle, package, up over the hill, or gave some hungry looking one some hard-tack. These courtesies are always gratefully acknowledged with a profound bow and expressions of *gracia, gracia* (grateful.) This procession began early in the morning and continued away into the night.

July 17th. To-day was practically the day of surrender. All

of the 5th Army Corps in the trenches were arranged along the lines. At noon the President's message to Gen. Shafter was read within the hearing of our command. When that portion of it was read relating to "the heart turns with tender sympathy to the sick and wounded," etc., a serious expression possessed each face. Twenty-one guns were fired by Capt. Capron's artillery, and the American flag was hoisted at the Governor's palace in Santiago. Various bands played "Star Spangled Banner" and other national airs, followed by vigorous cheering all along our lines. Just after the first gun went off, we could hear faint cheering in the distance. Gradually this cheering came nearer, increasing in volume as each succeeding regiment took it up, until the 1st District of Columbia, then the 1st Illinois, and so passed along the whole length of our lines.

In the afternoon several of us visited El Caney. The road thither was thronged with a repetition of what was witnessed near our camp the prior day. El Caney would probably accommodate 2,500 or 3,000 comfortably, but the threatened bombardment of Santiago changed these figures until it was said there were 20,000. When we visited it there were about 15,000. The people lay around in the public square, in streets, sheds, verandas, and in the old church. In medium-sized rooms, say 14x18 feet, we saw ten and twelve persons. In such conditions and quarters caste distinctions were quite marked. The pomp and pride of a successful race which had dominated for centuries huddled together in the same room with those who had been serfs, where meekness and self-denial were chief traits. In such conditions, when food came within reach, the proud and haughty Spaniard would be rudely thrust aside by the fierceness of hunger of the despoiled Cuban. Many of the American soldiers were at El Caney, some of whom were looking for relics, but money was a poor medium to purchase with. What those people needed was food—a few hardtack or a small portion of meat would obtain 100 per cent of their actual value. Women would readily give a bracelet or necklace from off their person for a little food to succor their starving offspring. To throw a few hardtack in the open street would be enough to cause a bitter fight. Returning to camp we passed a deserted plantation, formerly inhabited by a wealthy Frenchman. The house, etc., had all the evidences of wealth—two long avenues lined with majestic

cocoanut palms, here and there huge mango trees, lamps around the building, jardinières and large vases, a brownstone water fountain and a high walled garden. The house itself was a two-story one, height between floor and ceiling eighteen feet. The house and verandas were occupied by Cuban soldiers, who did not appreciate their magnificent surroundings. The visit to this villa will long remain in our memory,—a palatial house and surroundings gone to waste, being torn to pieces, as we were assured it never had been fired on by Spaniard or American.

July 18th. Dr. Roberts, with a hospital steward, was detailed from the regiment to take charge of division hospital. Most of the day was devoted to fitting up of regimental hospital, and at night when it was finished we received orders that we would move our camp site, breaking camp early the following morning. So *reveille* sounded at 3:45, breakfast at 5:00; and the day was spent in moving the hospital equipment, tents, medical supplies, and some of the sick. We had one case very low with typhoid fever who could not be moved. He died the following morning.

July 20th. The writer received orders from Col. L. T. Pope, chief surgeon, to proceed at once to Santiago and report to Col. Humphreys. The writer's duties were to care for civilian employes on the wharfs, on transports, and collect the cases of yellow fever and arrange for their transportation to Siboney either by rail or sea. As the railroad track was not ready, one of the transports, the Orizaba, on which there were some suspicious cases, was assigned to carry such sick to Siboney to the case hospital. In passing out of Santiago harbor we saw part of Hobson's Merrimac, lying parallel with the channel, and near her was the Spanish vessel, the Reina Mercedes. Both of these had been utilized by the Spanish, by lashing bamboo poles together so as to span the channel. This had been done in a zigzag manner. To these poles were fastened torpedoes, thus forming a great protection from any vessel which under cover of night might attempt an entrance. When we passed out on the Orizaba, part of the bamboo poles had been removed, leaving a space of sixty or seventy-five feet. On our left, in passing out of the entrance, was the famous Morro castle, bearing all the evidences of having received marked attention from the United States navy, the walls, ceilings and breastworks having rents and perforations. On the right, opposite Morro, about the

same height, was a fine battery of earthworks, containing six or eight Krupp guns, which were so well protected that our navy had failed to silence or dislodge. The gurts could be seen, but they were well protected by huge sandy breastworks. Steaming on to Siboney, where we left our suspicious sick, we saw most of our hospital detail at work in the yellow fever hospital. We hastened back to the ship, so that we might gain entrance to Santiago harbor before dark, but within an hour darkness had so advanced that an entrance was impossible, and we could not obtain a pilot to guide us up the channel. It was possibly just as well, for this enabled the writer to get a kind of civilized bath, even if it was salt water—the first I had obtained for some three weeks. Two weeks I had been in the same clothes all the time, even sleeping in them, wet or dry. In speaking of this, my experience, it is not to be inferred that mine was any worse than many others, for the whole regiment was exposed to similar conditions, being soaked with rain one or more times per day, and the clothes permitted to dry on our persons. The evening was spent with the Captain of the *Orizaba*, getting some hints to put in service when we went ashore—some things to guard and avoid during the day or night in Cuba.

July 21st. After the early cup of coffee, I took up the subject of ship signals in order to fully understand when wanted, what it was for, if the ship would come for me, or if instruments and other assistance was needed, etc. During the day I visited several of the transports having sick aboard. In one case, when taking temperature, the sailor bit off end of thermometer, and within a few minutes he was *busy* from the mercury he swallowed. While in Santiago I met Dr. John Guiteras, of Philadelphia, the yellow fever expert, and with him saw several very interesting cases, but without the aid of urinalyses it was next to impossible to differentiate between pernicious malaria and yellow fever, because many of their symptoms were identical.

Having received instructions from Col. Pope to look out for medical supplies on the wharf or aboard transports, and take such of them as I could use, while about the transport *San Marcos* I saw field and medical chests of the 22nd infantry, and had them sent ashore and stored in my quarters. Was asked if I would remain at Santiago with such duties as had been assigned me and remain away from regiment permanently or return to my regiment, replied

if he would favor me an early return to our command would be appreciated. This was soon arranged, but I could not carry any of the medicines back with me. That night I was permitted to return to camp.

July 22nd. Sickness became more marked. Major Willard was taken down with malaria, as it was then termed (subsequently some meteoric experts called it a mild form of yellow fever). His condition was similar to what most of our command suffered from, the symptoms generally were as follows: Malaise, backache, headache through and over the eyes, of an intense nature, soon followed by fever; some cases had nausea and vomiting preceding or following the onset of fever; temperature would reach 105 or 105½ deg. within a few hours, and would last 12 or 24 hours, then gradually subside until about 48 hours, when it would be normal; the profound perspiration during this period was very exhausting, leaving him weak for next 48 or 72 hours. Of the few medicines which we had, quinine was the only one which cut short the pyrexia and course of the attack. If a case came with the premonitory symptom, *malaise*, a few doses of calomel, 1-10 grain an hour apart, would abort an attack or minimize it so that the temperature would not exceed 101 and the attack last but 24 hours. Those passing through an attack lost twenty-five or more pounds, and one attack left them more susceptible for another. In addition to their weakened condition, the stomach was unable to utilize heavy or solid food for many days. In consequence of this half-starvation diet (for we lacked the necessary foods for men recovering from such conditions) many of the men would barely get over one attack when they would lapse into another, and so on until a low form of diarrhea appeared, followed by dysentery. This combination gave us those *hybrid symptoms* known as *typho-malaria*, but we lacked the facilities and time to make microscopical examination.

The number of cases at sick call became greater each day until July 29th, when there were 360 out of our command of 965 officers and men—that is the total number which went to the front—the daily number at sick call varied from above figures to 250. These 965 were in three battalions, the first and third battalions being grouped, as if each were a separate regiment, while the second was divided into four, each company being a part, requiring the surgeon who visited this battalion to ride at least twenty miles, which, with

the care of sick, took about five hours daily. Some of the companies were only about two miles or even one mile apart, yet the surgeon would require to travel four or five miles to reach them. During the five days Major Willard was sick the writer cared for the sick of our command. As soon as the doctor felt a little stronger he took up part of the burden as his strength would permit.

July 28th. General Shafter issued an order to "make it known to the men at once that as soon as fever lets up so that troops can move, we are to go to Long Island." By this time the great number of sick was demoralizing, and officers and men looked upon such a message with some discredit. We had previous promises, and this one seemed so good in comparison with our condition that it seemed almost incredible.

Early in August, when there were little signs of our being moved, when the sick were almost at a standstill for lack of nourishing foods suitable for their enfeebled conditions, some grumbling was heard throughout all the regiments, referring to some one's blundering, because of the lack of provisions, tents, medicines, necessities for the sick, beds, covering, malted milk, beef extracts, etc. Such goods were not obtainable in Santiago, even if we had money. We might borrow, beg or steal some of these goods, but we could not buy them; besides, we were looking for some signs each day of transports to take us northward. It was rumored that some one was playing politics with the soldiers in Cuba; that if they were to get away alive it would require some strong "pull" to do so. An order came to move the camps back into the mountains thirty miles, into new camp sites. General Shafter refused to assume such a responsibility, and a meeting of chief officers of various commands decided to start messages to all in authority in the States, to have the Fifth Army Corps withdrawn from Cuba. As our regiment was about the last in arriving on Cuban soil, it seemed only just that the various regiments who had preceded us should be got off before us, even if they were "regulars," and that "such things were their lot."

In order to form some idea of a sick call about this time, I would explain that the sick of each company would line up at a given point, describe his condition—diarrhea, dysentery, or malaria. Occasionally one would vomit or lose his feces when telling his symptoms; others would faint or be so weak as to be unable

to stand up. When one described his condition fairly, those following would simply say, "Oh, I'm just like So-and-so; give me the same kind of medicine," etc. This kind of repetition would be very depressing at times, for on many faces were expressions of dejection and helplessness. At times, in order to change the monotony, would call for some one or two from other end of line. Some of these men who were splendid specimens of physique, ranging from 185 to 225 pounds, and over six feet, would lose thirty-five or more pounds from one attack, so the mental effect on the less physically favored was very depressing.

August 5th. We were able to corral some medical supplies from an unofficial source, without which we would have been many days unable to relieve the sick, for the supplies furnished us from day to day were inadequate in quantity and variety, so that many of our prescriptions were made by absolute necessity. Thus as a sample, after an attack of malaria, many complained of intense backache in region of kidneys, scanty urination of a high color, even dark and burning in character. As we had some spirits of turpentine among the corraled medicines, a decoction of this was made equal to between 2 and 3x, prescribing this in tablespoonful doses, three or four times a day. In a few days the condition was entirely relieved.

We availed ourselves of the provisions of the Red Cross Society, but on account of the lateness of our applying for such, their variety and quantity were small. We did receive some goods suitable for the sick, such as rolled oats, rice, cornmeal, and condensed milk.

A rumor reached the regiment that the detachment at Siboney were dying off so fast that they were not being properly interred, parts of the person being exposed above the ground, etc. Dr. Willard investigated this rumor in person, and evolved the following facts, that those who died at Siboney were more carefully dealt with than those near us; that in thirty-eight days 5 per cent of the detail died. The dead were placed in a plain wood coffin and buried in a six-foot-deep grave. When the coffin was covered with about a foot of earth, a sealed bottle containing a complete record of the one buried, such as name, rank, company, regiment, nationality, where born, age, occupation, residence, and to whom communications should be addressed, etc., was placed in the grave. The grave



was filled up and a small board placed on the grave bearing the name, rank, company, and regiment.

Up near Santiago, when men were dying in numbers, one might almost say a dozen or more a day; this was so much the case that the usual salute to a dead soldier was abandoned. The effect of that peculiar volley firing was marked upon those who were sick, at all events some order was given to dispense with this military custom.

There were many rumors in camp, after August 10th, about our return to the States. Every day it was "mananna" (to-morrow), and such a report was maintained until the day we boarded the steamship Berlin, August 24th. We left some twelve men behind at the general hospital, near Santiago, who were sick or too weak to undertake the trip home. On board the Berlin we had between 125 and 150 in the sick bay, there were other 125 sick, but they were able to be with their respective companies, or the walking sick. We left Santiago about noon August 25th, and arrived off Montauk Point the evening of 29th. The following day we were subjected to quarantine inspection, after which some 225<sup>s</sup> sick men were taken ashore in a lighter, the regiment, etc., following the day after. The seven days spent at Camp Wykoff and our trip thence to Chicago are items of record, and do not require further details.

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## MORE EVIDENCE OF THE PRINCIPLE WHICH IS THE BASIS OF ORIFICIAL PHILOSOPHY.

C. T. BENNETT, M.D.

DETROIT, MICH.

Mrs. H.; residence Wisconsin; aged 58 years; a large and fleshy woman of phlegmatic temperament; the mother of several children; for many years, in fact all her life during child-bearing period, had been troubled with constipation, headaches, indigestion, and a large list of ailments which usually attend such a condition. She came to Michigan for the purpose of having the operation of hysterectomy. The uterus was exterior of her body some four or five inches, was much enlarged and deeply discolored, and suspended in this position all the time, day and night. Uterine supporters had been worn for years with no relief, but, to the contrary, causing an increased and unbearable irritation.

Her attending physicians had advised removal of the uterus by the abdominal section, telling her this was the only way, adding there was great liability of her dying in the operation. She had been at a popular sanitarium, where the same advice and opinion was given her, with the requirement of a several weeks' stay in the hospital, with preparatory treatment for the operation.

In the meantime the results of our orificial work came to her knowledge and she sought our care. Upon examination we could not assure her an operation would be unnecessary, but told her we should first apply orificial principles and get the sympathetic system of nerves in a condition to cause the rebuilding of tissue to be carried on normally, as was not then being done, on account of their atrophied condition; that our method of doing this not only put the force into action to rebuild these uterine tissues but every tissue in the whole body, and then when harmonious action was restored, if there was necessity for removing the uterus we would do so by vaginal section instead of abdominal, assuring her this is the latest approved method, its author being the eminent Professor Pratt, of Chicago, and that by it what was formerly considered a major is now in fact a minor operation.

We administered chloroform, dilated the contracted sphincters, found no piles or excrescences, simply the results of a former hypertrophy, and also atrophy of these sympathetic nerves, for although there was regularity of bowels, the size of stool was unnaturally small.

We saw her again in four weeks and her statement was, "Doctor, I am very much improved, that womb has gone back to its natural place and does not come down now, unless I walk too much or get overtired."

We repeated the same treatment and in addition curetted the inner walls of the uterus. Four weeks from this we found increased improvement, and repeated the same treatment. And right here let me say, we have learned in doing this work it is important to do it very thoroughly, and always after curetting the inside of uterus we use peroxide of hydrogen upon a swab of absorbent cotton, repeating this two or three times.

In this case remarkable results followed. The patient fully recovered from the procidentia, and I had seen her but five times when she told me she was perfectly well, that she could do what-

ever she wished, and there was no prolapsus of the womb or even of the vaginal walls. She was indeed well and had remained cured. No hysterectomy was performed to produce these happy results.

This was conservative surgery, and is it not the wisest course to pursue, giving better satisfaction to all concerned, than to elaborate with heavy medical expressions and to create a learned impression, and then use heroic measures with no more certainty of success?

A better knowledge of this great sympathetic system of nerves, and of this biological being in the place of the physiological one, can only come from those who have had practical experience and have the courage and willingness to give it expression.

How can we explain the remarkable results in this and similar cases by using our old physiological expressions? Physiological reasoning would say something was done, surely.

How can we watch the results coming every time from this work, not only uterine tissues and the appendages (they also are only tissues), and all other tissues, be they tissues of organs or any other kind of tissues, seeing them each and all being rebuilt, and general harmony restored, and then simply say, something is being done? Can these results obtained every time be explained from a physiological standpoint? Are we not working upon a biological being instead of a physiological one? Not a parcel or part of one.

In our study of this system of nerves—the sympathetic, must we not recognize in them an individuality—an ego? Does not that which makes one of these tissues make them all—and does not that which makes them all, rebuild all?

Why do not our contributors to this valuable and highly appreciated journal, in giving the brilliant results obtained in their work, give us the explanation of the principle by which they are obtained?

Why do they not tell us of the existence in the sympathetic system of nerves, of the extra amount of this individuality, which in the beginning of each human body made and arranged all these different tissues in such a manner that certain results (reproduction) could be obtained? This same individuality must do all the rebuilding as well as carrying away of wornout tissue.

We always find either hypertrophied or atrophied conditions of these nerves, in the former brilliant results are immediately gained,

but the latter require persistent, patient effort; in no other way and by no other method can they be obtained.

It would be most gratifying to me, and I believe profitable to all its readers to have other contributors to this able journal, take up this subject of an individuality—an ego existing in the sympathetic system of nerves, and discuss it, and thus prove to us that the human body is a biological and not a physiological being.

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## A MONTH'S COLLEGE CLINIC AT LOUISVILLE CITY HOSPITAL.

GEORGE S. COON, M.D.\*

LOUISVILLE, KY.



Case 1—Hyperplasia of uterus; vaginal hysterectomy; recovery. A small delicate nervous woman with a family history of consumption on both sides, was admitted to the hospital, giving the following history :

Has never been a rugged woman, but dates her ill health from birth of her child two years ago. Since then she has had constant pain in ovarian regions, most of the time being an invalid. Menstruation has been irregular, too frequent and painful. Curettement and repair work on cervix and perineum gave no relief. Examination showed a very sensitive, slightly enlarged, freely movable uterus, which was unduly firm and hard. The ovaries seemed normal, although the pain was referred to the ovarian regions. She had been unable to work for several months, had been menstruating every two or three weeks, could not sleep on account of pain.

The probabilities of a cure seemed certain. We first curetted, and followed this treatment in due time with hot douches, tampons, and remedies. It was all to no purpose, for the hemorrhages soon returned, the pain continued unabated, and the patient made no improvement. A consultation was held and hysterectomy decided

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upon, not without reluctance, for no conscientious physician can remove the genital organs without regretting the necessity for doing so. The uterus was small, nonadherent, and consequently the operation proved simple. Vaginal hysterectomy was performed in the usual manner. Chromicized catgut was used for ligating the broad ligament, the forceps being all removed, the wound was lightly packed with iodoform gauze, which was removed on the third day. The entire internal genital organs were removed, except one ovary, which was left to prevent the sudden menopause, and to supply the woman with that subtle something which the ovary alone can produce. The patient made a most satisfactory recovery, and improved in every way before leaving the hospital. I have only one regret. I wish it had been possible to have given electricity a trial in this case.

Case 2—Vaginal hysterectomy; recovery. Colored woman, aged 37, gives a history of probable gonorrhea. Has had bad health for over five years, with occasional acute attacks of pain in the pelvic region; menstruation painful and irregular. Has been confined to bed for seven weeks; back, head, and legs ache severely; there is frequent nausea, much bearing down sensation during and after urinating. Has lost considerable flesh. An examination showed an enlarged uterus, and large mass on left side and in posterior cul-de-sac. Sensitiveness was so great that no satisfactory examination could be made. From the history of the case, the sensitiveness and pain, a probable pus condition was diagnosed. Exploratory incision in the cul-de-sac showing involvement of right side also. A vaginal ablation of the uterus and its adnexa was decided upon. Owing to the firm adhesions and dilatation of vessels from long congestion, the bleeding was quite free. While loosening up the mass on the left a cyst was ruptured and several ounces of serum escaped. It was only after a removal was effected and the specimen before us that this was found to be a cyst of the ovary. The broad ligaments were treated as in the previous case, and owing to the free oozing a snug packing of iodoform gauze was used. This case clearly shows the impossibility of making a positive diagnosis. From the history of the case, and according to all the cardinal symptoms, this woman should have had pus, and inspection alone was able to clear up the diagnosis. We learned from this case that inspection should

always be made when the packing is removed, for examination a few days later showed a slight protrusion of the omentum. Tamponade gradually returned this, and the patient made a perfect recovery.

Case 3—Pyosalpinx; myofibroma of the uterus; vaginal ablation. Recovery. Colored woman, aged 35. Has had uterine trouble for about fifteen years, since birth of last child. Menstruates regularly. Was brought to the hospital suffering with many symptoms of intestinal obstruction, and the reason for coming was because of her inability to get an action of the bowels. Enemas, followed by cathartics, soon relieved this condition. Examination showed the uterus considerably enlarged and the pelvis full of a large sensitive mass. Again a probable diagnosis of pyosalpinx was made, and a few days later operation proved this to be not only correct, but revealed a small myofibroma in the wall of the uterus. Owing to the size of the mass and adhesion some difficulty was experienced in the removal. This was finally accomplished by gradually working upon one broad ligament until it was completely severed. The opposite ovary and tube could now be dissected up and be removed with the uterus. The remaining tube and ovary were then extracted. Although the case was a severe one the patient made a rapid and satisfactory recovery.

Case 4—Pelvic abscess; double pyosalpinx; vaginal hysterectomy. Recovery. White woman, aged 21, had an abortion two years ago and has had trouble ever since. Has become worse, till now she is unable to be about. Was advised to submit to an operation six or eight months ago. Patient is anemic, has constant profuse leucorrhea, headache, etc.

Examination showed involvement of both sides of the pelvis and double pyosalpinx was diagnosed. Upon making incision into the posterior cul-de-sac pus escaped, and we were about to congratulate ourselves and the patient on having a simple pelvic abscess to drain. A little farther examination, however, showed the tubes to be enlarged and our task just begun. The adhesions were extensive and included the omentum; the vagina was small, the uterus fixed, and could be drawn down very little. Having effected an entrance into the pelvic cavity, both anteriorly and posteriorly, I decided to bisect the uterus and deliver each half with its corresponding tube and ovary. The bisection proved of great

advantage, enabling us to swing either half of the uterus into the vagina and dissect from above downward. It was not necessary to place any forceps until all the adhesions were loosened, thus leaving the entire space unblocked and at the operator's disposal.

Broad ligaments were ligated and packing used as in previous cases, and the patient's temperature never reached 100 degrees. This case again illustrates the uncertainty of telling the pathology with which you have to deal in pelvic cases.

Case 5—Pelvic abscess; pyosalpinx. Patient white, aged 23. Gives a history of leucorrhea for past two years; is a sporting woman; the present attack began four days before entering the hospital. Following shortly after sexual congress, which was very painful, patient had two chills. When she came to us the pulse was 115; temperature, 102; respiration, 30. There was great pain and distention of the abdomen was marked. Peritonitis was evident, and we believe it was due to the escape of pus from a distended tube. Under enema, hot douches and turpentine stupes, the patient slowly improved. Examination a few days later revealed an inflammatory mass in cul-de-sac, and especially upon the left side. I believed a pyosalpinx was present, but having seen cases in which those exudates disappeared like magic, and a supposed pyosalpinx proved itself otherwise, we decided on conservative means. This was tried until there could no longer be any reasonable doubt as to the nature of the case. Operation revealed a case, similar to case 4, a double pyosalpinx, accompanied by a pelvic abscess. Again in this case, we bisected the uterus with satisfactory results. To save time, clamps were applied to the broad ligaments. Recovery was rapid. The only comment I wish to make is the too great conservatism in delaying the operation. These five cases illustrate slightly the scope of vaginal hysterectomy, and especially the most gratifying results in pus cases.

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### OVARIAN CYST—A CASE.

W. M. TROWBRIDGE, M.D.

VIROQUA, WIS.

Mrs. B., aged 39 years. We first saw her with the family physician on August 10, 1899. She was a very tall woman, 5 feet 9 inches, and bony. The following history was elicited: Two

years ago she was lifting something very heavy (working about the farm as many women do). She felt something give way, as she expressed it. Six months later she noticed a little bunch growing in her left side, but paid no attention to it. The menses and bowels were regular. When I saw her last, at the time of the operation, the clinical picture was one of a nine months' pregnant woman, with the addition of a pale, pinched face, color of skin sallow, bowels very constipated, had been unwell constantly for six months.

Examination: The abdomen was so tense that but little satisfaction could be gotten by percussion. Digital examination was not much better. We could outline the cervix, but where was the rest of the uterus? It was not freely movable. A female sound came to our aid. It was easily passed, therefore we could make a diagnosis of an extra uterine tumor (ovarian cyst).

The patient was prepared the night before by shaving, scrubbing, etc., and an antiseptic compress applied. The next morning, August 16, 1899, the patient was anesthetized with Prof. A. G. Beebe's mixture (I believe that is the safest anesthetic known) to complete anesthesia and a large incision was made. We found a multilocular cyst of left ovary. The tumor was not adherent to a thing in the abdomen except the pedicle, which was about  $1\frac{1}{2}$  inches wide, 2 inches long, and  $\frac{1}{4}$  inch thick. It was ligated according to Professor Pratt's method, only tying the arteries and covering the stump, leaving the rest of the tissue free.

The abdomen was closed with drainage. Some would ask why drainage with a clean case? Every once in a while it is our misfortune or good fortune to do a laparotomy. The drainage, if it is proper, gives the case a chance for its life, forty-eight hours later. The point of interest to me was the ease with which the sound was passed. Upon that hangs the diagnosis. I have seen it time and again when it was impossible to pass the sound far enough to exactly tell whether the tumor was extra or intrauterine. I know the best authors tell us not to use drainage in a clean case.

Suffice to say the woman made a good recovery, and was relieved of a  $33\frac{1}{2}$ -pound ovarian cyst, multilocular.



## THE NERVE MECHANISM OF THE PELVIS AND ASSOCIATED REGIONS.

BYRON ROBINSON, B.S., M.D.\*

CHICAGO.



The plan of the nerve supply of the pelvis and associated regions is to bring into harmonious action the skin and mucosa and the muscles and viscera. The object of the generative organs is not only gestation and expulsion but also for the varied necessity of copulation, of defecation, and of urination, including muscular and visceral relations.

The nerve mechanism of the external genitals is significant and suggestive of an evolutionary plan. The sympathetic nerves extensively supply the erectile tissues,—the corpora cavernosa, glans clitoridis, and bulbi vaginae. The erectile tissues possess rhythmical action, besides being supplied with nerves from the lumbar plexus (genito-crural) and the sacral plexus (pudendal and internal pudic). The internal pudic nerve (sacral plexus), which chiefly supplies the clitoris with large branches, terminates in the glans clitoridis or adjacent tissue in peculiar tactile or genital corpuscles. The clitoris and considerable of the adjacent region of the distal third of the vagina is exceedingly sensitive to irritation.

The plan of the nervous mechanism of the external genitals is to associate the genitals with certain muscles and overlying skin. The nerves which supply the pelvis and associated viscera are: 1. The sympathetic, the hypogastric plexus and ovarian plexus, both arising from the abdominal brain; also branches of the lateral chain of the sympathetic. The pelvic viscera thus involve nerve relations with all the other abdominal viscera. 2. The cerebro-spinal nerve supply, the lumbar plexus furnishes the genito-crural, the ilio-hypogastric, and the ilio-inguinal and inferior pudendal; also the sacral plexus supplying the internal pudic and vesical.

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The cerebro-spinal nerves supplying the skin and muscle associate them with the genitals. The skin on the vulva, perineum, and anal region is definitely associated with the skin in the inguinal region, the inner part of the thigh and genital region, because branches from the lumbar and sacral nerve trunks supply the same regions. For example, the genito crural nerve supplies the skin on the vulva and the ilio-inguinal supplies the skin over the gluteal muscles.



FIG. 1.—(J. Henle.)

The cutaneous nerves of the thorax and abdomen, viewed from the side. (1) Ilio-hypogastric (2) Ilio-inguinal. (4.) Anterior cutaneous of last thoracic. (10.) Lateral cutaneous of last thoracic (9) External oblique muscle.

The genito-crural and ilio-inguinal are both branches of the lumbar plexus and what affects the vulval skin will affect the gluteal skin. Besides the same nerve trunk that sends branches to the skin also sends branches to the underlying muscle. Also the internal pudic, a branch of the sacral plexus, supplies the skin on the vulva, perineal, and anal region, while the small sciatic, a branch from the same plexus, supplies the skin on the gluteal region. What affects the periphery of one affects that of the other. Both

must be physiologic or reflexes will arise. By means of the pudic nerve and the small sciatic (gluteal) the skin and muscles of the vulva, perineum and anus are brought in harmonious relation with the gluteal muscles (of coition) and skin over them. The genitals, bladder, and rectum are supplied by the hypogastric and ovarian plexuses of the sympathetic, and the sympathetic plexuses are joined by the second, third, and fourth sacral spinal nerves.

Thus viscera, skin and muscles of the pelvic region are held in close nerve association. The numerous reflexes in the pelvic region of patients will bear close observation in affections of the vulva, bladder and rectum. Pain may be experienced in the perineum, in the gluteal region or down the thigh. The explanation of this arises from the fact that all these parts, skin of vulva, anal region, part of the thigh and gluteal region are supplied by the pudic and small sciatic nerves, which come from the same plexus that gives off branches to supply the viscera, vulva, bladder and rectum. Thus the pelvic viscera and the skin of the gluteal region and thigh, or perineum and external genital region, are held in association by the branches of the same spinal nerves. The pain felt in the urethra by a woman with stone in the bladder is due to the fact that the trigonal nerve plexus which supplies both trigone and urethra, is prolonged to terminate in the distal end of the urethra. Pain generally is felt at the periphery of nerves, and hence the irritation of stone in the trigone is experienced in the urethra, that is, at the termination of the trigonal plexus. The sigmoid, two inches above the anus, is provided with very little sensation, while the last two inches in the anus is very sensitive. This is observed by the slight pain in high malignant growth or other swellings of the rectum, by the little pain of large collections of hardened feces. Also by the little pain induced by perforation of the sigmoid during the administration of an enema. Its sensation is limited, like all viscera supplied by the sympathetic. The relation of nerve mechanism between anus and the neck of the bladder is strikingly intimate. Hemorrhoidal operations are accompanied by urine retention and bladder operations by rectal tenesmus.

This intimate nerve relation between rectum and the neck of the bladder is chiefly due to the fourth sacral nerve, which supplies the neck of the bladder and then passes on to supply the anal skin, levator ani, and anal sphincter. The third sacral nerve sends a

large branch to terminate in the body of the bladder, but is not related to the levator ani and sphincter ani muscles. The urethral mucosa, the muscles of the vulva, and the chief part of the skin of the vulva, perineum and anus, are supplied by the internal pudic nerve from the sacral plexus. The sacral plexus gives off the gluteal nerves which supply the gluteal muscles. It also gives off the inferior pudendal (branch of the small sciatic), which supplies

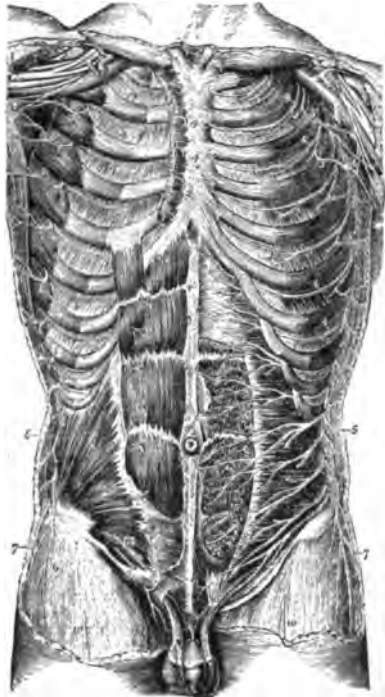


FIG. 2.—(Hirschfeld & Leville.)

A view of the anterior division of the dorsal nerves. The cut shows the nerves distributed to the muscles and skin of the abdomen. It may be easily noted how an irritation on the skin passes to the spinal cord, and thence to the abdominal muscles, putting them on tension to protect underlying viscera.

directly the perineum. Hence the external genitals and the gluteal muscles are in intimate nerve association.

Hilton, struck by the peculiar ending of the inferior pudendal nerve, called it the nerve of coition. The genito-crural and ilio-inguinal are from the lumbar plexus and supply the inguinal and vulvar regions. The ilio-hypogastric supplies the hypogastric and groin region.

With diseased condition of the region supplied by the genito-crural and ilio-inguinal nerves, it is explainable how women suffer by reflex action in the region supplied by the ilio-hypogastric and ilio-inguinal nerves—the inguinal region. Many women mistake the inguinal and hypogastric pain for ovarian disease. Irritation in the perineum or rectum may be followed by priapism. Adhesions about the glans clitoridis or accumulated secretions under the prepuce may provoke not only local disturbances in the bladder and rectum but induce genital disturbances. The pain felt through perineal abscess in the gluteal region and down the thigh, may be explained by the pressure of the inferior pudendal nerve in the perineum. In neuritis brought on by trauma of the inferior pudendal nerve, due to much sitting on hard seats, the pain may be felt in the perineum and the region supplied by that nerve.

Dissection discloses the inferior pudendal nerve crossing the gluteal region toward the perineum, close to the ischial tuberosity, where it is liable to occasional injury with enlarged vulvo-vaginal glands. Some patients do not sit down comfortably on account of the irritation of the periphery of the inferior pudendal nerve.

However, the pain may be aroused at the ischial tuberosity, by an inflamed bursa or local traumatic neuritis. Pain in the knee joint from hip-joint disease is an ever living example of a reflex starting pain at the periphery of the one branch of a nerve trunk, and experiencing the pain at the periphery of another branch of the same trunk. The branches of nerve trunks (or plexuses) supply groups of muscles and skin in widely distributed regions for the purpose of associating them in function. For example, the lumbar plexus associates the skin of the external genitals with the skin of the gluteal region by means of its branches supplying both regions, as the genito-crural, ilio-inguinal and ilio-hypogastric.

The sacral plexus associates the action of the muscles (and skin) of the external genitals, perineum, and anus with the gluteus maximus, through branches of the same plexus supplying both regions. The pudic, a branch of the second, third, and fourth sacral spinal nerve supplies the external genitals, perineum and anus, while the gluteal (smaller sciatic), a branch of the second, third, and fourth sacral, supplies the gluteus maximus muscle (of coition). Finally to perfect a balanced nerve association between muscles and skin of the external genitals and gluteal region, the

inferior pudendal nerve actually joins the periphery of the two regions.

A reflex is a disturbance in a distant part from some local peripheral irritation. The pelvic viscera are liable to trauma and infection during the child-bearing period from exposed mucosa and serosa, and this traumatic or infection atrium becomes a fruitful source for reflex distribution, through disturbed pelvic mech-

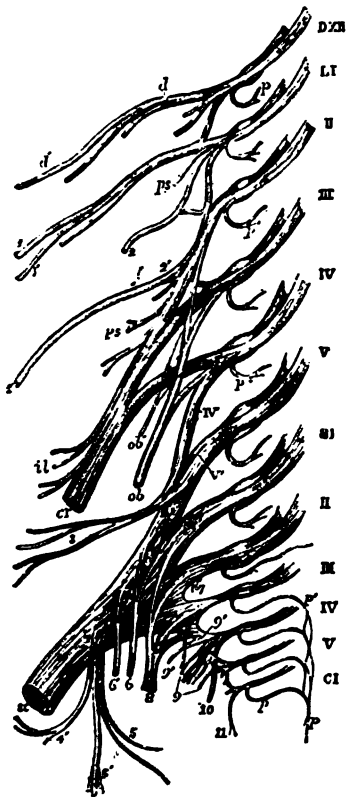


FIG. 3.—(Allan Thomson.)

A diagram of the lumbar and sacral plexuses, with the principal nerves arising from them. (DXII) The divided root of the last dorsal. (LI to V) The roots of the five lumbar nerves, the loops uniting the anterior primary divisions of these nerves together, and the first with the twelfth dorsal are shown. (SI to V and CI) The sacral and coccygeal nerves. (*p*) Placed on some of the nerves marks the posterior primary divisions cut short. (*p*, *p'*) The plexus formed by the union of the posterior branches of the third, fourth and fifth sacral and coccygeal nerves. (*d*) Anterior division of the last dorsal nerve, from which (*d'*) the lateral cutaneous branch arises. (11') Ilio-hypogastric nerve, dividing into its two branches; the ilio-inguinal nerve is seen below these without a number. (2) Genito-crural. (3') External cutaneous of the thigh. (*gl*) Branches to quadratus lumborum. (*ps*) Branches to the psoas muscle. (*cr*) Anterior crural nerve. (*il*) Branches to the iliacus. (*ob*) Obturator nerve. (*ob'*) Accessory obturator. (*IV'*, *V'*) Loop from the fourth and fifth lumbar, forming the lumbo-sacral cord. (3) Superior gluteal nerve. (*sc*) Great sciatic nerve, continued from sacral plexus. (4) Small sciatic nerve, rising from the plexus posteriorly. (4') Inferior gluteal nerve. (5) Inferior pudendal. (5') Posterior cutaneous of the thigh and leg. (6, 6) Branch to the obturator internus and gemellus superior. (6', 6') Branch to the gemellus inferior quadratus femoris and hip joint. (7) Twigs to pyriformis. (8) Pudic nerve (one of the terminal branches of the sacral plexus). (9) Visceral branches. (9') Twig to the levator ani. (10) Perforating cutaneous nerve. (11) Coccygeal branches. These two great plexuses of nerves show the intimate and complicated relations of the skin and muscles of the genitals with the skin, muscles and viscera of the abdomen.

anism, due to cicatricial contraction and subsequent dislocation. The irritation is transmitted to the abdominal brain, where it is reorganized and emitted to the organs of the abdomen and chest, disturbing their rhythm, secretion, sensation and nutrition. The visceral rhythm becomes irregular, secretion becomes excessive, deficient, or disproportionate and the blood becomes waste laden. The patient is forced slowly or rapidly through definite, though irregular stages of disease, (traumatic or infection atrium), irrita-

tion, indigestion, malassimilation, malnutrition, anemia, neurosis and psychosis. The nerve mechanism between ovary, genitals and kidney is very intimate. The ovarian plexus originates from the renal and hypogastric, which connection directly associates the kidney with the internal genitals, and accounts for the disturbed functional relation of kidney and internal genitals during menstruation and pregnancy (pain, albumen, and vomiting). The intimate association of nerve relation between kidney and internal genitals is manifest in diseases of either organ. In menstruation there is pain in the renal regions. Congestion of one organ produces congestion or anemia in the other (reflex action). Renal calculus or nephritis causes pain and retraction of the testicle, and of course similar disturbances arise in the ovary, though not so easily demonstrated. Ovarian disease may cause pain in the rectum (supplied by the hypogastric). The ovarian and hypogastric plexus have direct communication with the abdominal brain, and hence the severe shock from injury to the ovary, uterus, or rectum, and especially the tendency to vomit. The internal genitals (ovary, oviduct, and uterus) are in just as intimate and profound connection with the great abdominal brain as the enteron, and in trauma or infection of the genitals or enteron, will have like severe manifestations of general disturbances.

#### PELVIC NERVES.

The sacral plexus really terminates in two great branches, the sciatic for the lower limb and the pudic, which is a genital nerve, supplying the internal and external genitals.

Patients suffer especially in two regions, viz.: (a) the hypogastric region, (b) the lumbo-sacral region. The explanation is that the uterus by dragging or pressing on the sacral spinal nerves, induces pain in the lumbo-sacral regions and the pain is reflected from the lumbar cord along the ilio-hypogastric, ilio-inguinal, and genito-crural nerves, branches of the lumbar plexus to the hypogastric and inguinal region.

The lumbar nerves supplying the hypogastric and inguinal regions are all branches of the same trunks—the lumbar plexuses.

The irritation of the periphery of any branch is liable to be reflected on any other branch of the same trunk. Irritation of the sacral nerves is liable to be reflected from the common lumbar trunk to the branches of the hypogastric and inguinal region.

However the pain complained of in the hypogastric or inguinal region may be only in the skin and purely hyperesthetic (hysterical) in character.

Gynecologic patients complain of a triumvirate of pain, viz.: in the lumbo-sacral region, in the hypogastrium, and in the head. The lumbo-sacral region is the great central depot of gynecologic pain. It is the central telegraphic station where irritated genitals

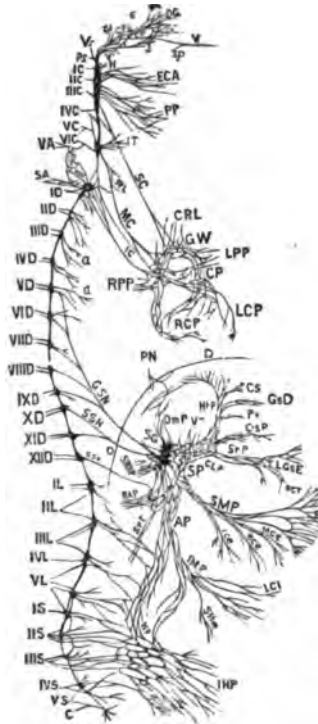


FIG. 4.—(Flower.)

**Diagram of the sympathetic nerve showing the lateral chain and the prevertebral plexuses.**

first tell their story. In this case, a sympathetic nerve which supplies the genitals relates the story to the cerebro-spinal axis—a nerve of another tongue. It matters little what disease, endometritis, myometritis, endosalpingitis, or peritonitis attacks the pelvis, the lumbo-sacral pain is the characteristic pain. The lumbo-sacral region is the sensorium for pelvic disturbances. The nerves in relation are the lumbar plexus, anterior and posterior, the hypogastric plexus connected to the lumbar plexus by the rami communicantes, and the sacral plexus. In the hypogastric region



the ilio-inguinal, ilio-hypogastric and genito-crural play the rôle. The last three have cutaneous branches, and often the skin sensation is mistaken for ovarian or other genital pain. Branches of the intercostal, lumbar, and sacral nerves supply the peritoneum, but conduct chiefly to the sacro-lumbar region.

Extreme precautions are required to discriminate between pain located in the skin over an organ and pain in the organ itself. This may relate to viscera or tumors, but is especially true of the kidney. I have performed nephro-lithotomy for pain in the kidney, with the supposition that a calculus existed. No calculus was found, and the intense hyperesthesia of the skin over the kidney remained long afterward. Grave diagnostic or operative errors may be committed by mistaking intense and persistent cutaneous hyperesthesia for disease underlying viscera and structures. The anesthetic and hyperesthetic zones should be mapped out. It is well known among experienced gynecologists that some peritoneal cysts are very painful. The chief painful cysts are located along the oviducts and the two sides of the broad ligaments. This is in accord with an observation I long ago made, which is that the chief suffering of gynecologic patients is from pelvic peritonitis, i.e., from dislocated or disturbed pelvic mechanism. The peritoneal cysts, with their contents, are doubtless of an inflammatory character. The pudic nerve is the source of motion to the muscles of the perineum, anus, bladder, urethra and vagina. It is a source of sensation to the integument of the perineum, vulva, labia, mucosa of the clitoris and urethral mucosa. Irritation of the external genitals creates a reflex in the spinal cord which results in turgidity of the genitals and finally a sense of muscular contraction in these parts of the genitals supplied by the muscular branches of the pudic nerve. The integument and immediately underlying muscles are always supplied by branches of the same nerve trunk.

The irritation of the nerves of the genital integument (cutaneous branches of the pudic) induces contractions of the perineal, levator-anal, anal, and vaginal muscles (muscular branches of the pudic) which assist in expulsion of the secretion of the vulval glands, especially the vulvo-vaginal. Occasionally masturbation in the female may be prevented by blistering the mucosa of the clitoris, making it so tender that the subject will cease manipulation.

In certain reported cases of fracture of the vertebral column,

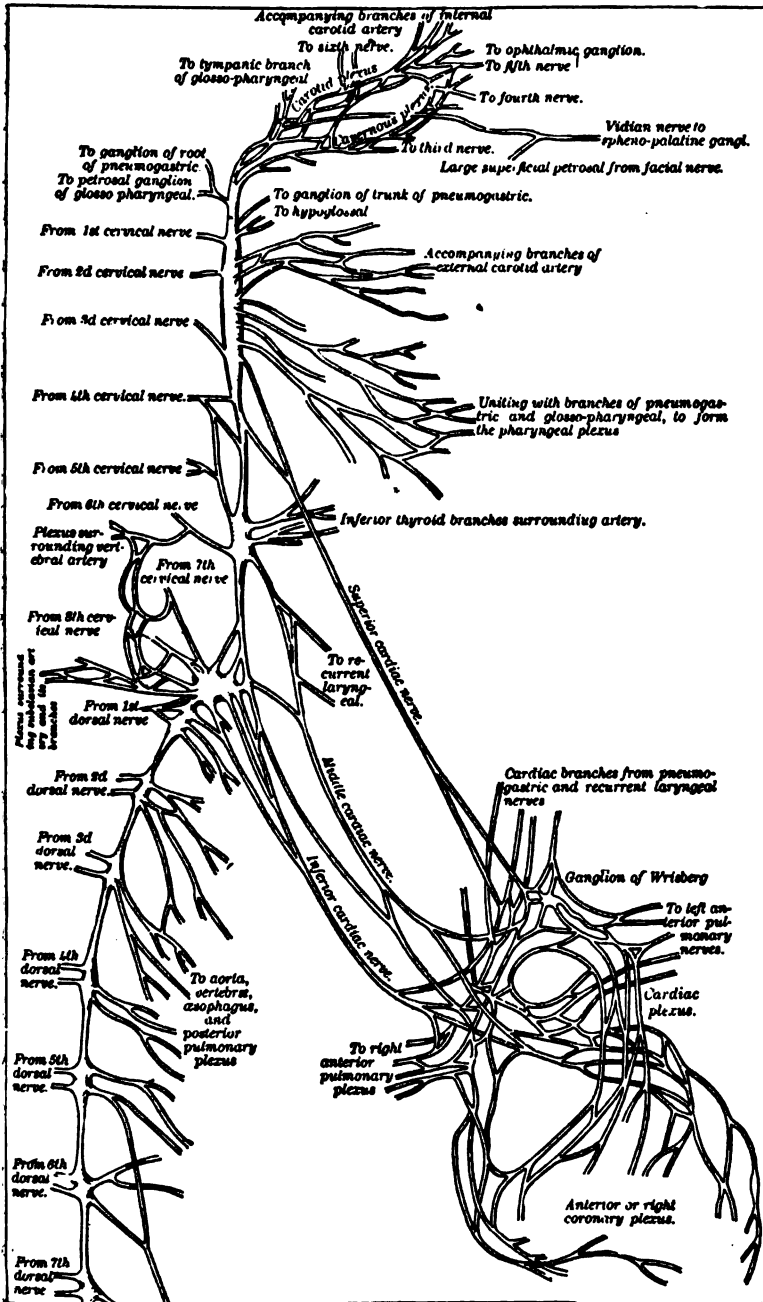


FIG. 5.—(Flower.)

Plan of the cervical portion of the sympathetic.

irritation of portions of the spinal cord left intact below the seat of fracture will induce turgidity of the genitals resembling erections. The expulsion of the last drop of urine is a reflex act due to the irritation of the urine on the sensory pudic nerves in the urethral mucosa, reflecting it to the spinal cord, whence the force returns on the (motor) muscular branches of the pudic, expelling all the urine from the urethra.

The rectum produces sympathetic disease in adjacent viscera, as incontinence of urine, involuntary emission and neuralgic pain. The explanation arises from the distribution of the pudic nerve to the integument about the anus, which permits reflex motor impulses, from rectal irritation transmitted to the spinal cord, to be reflected to the adjacent genito-urinary organs and associated muscles.

The small sciatic nerve supplies the gluteus maximus and sends a branch (the inferior pudendal) to the perineum, vulva and vagina. This explains the relation in coition, of the genitals and the gluteus maximus muscle. Also it may explain perineal irritation from disease along the trunk of the inferior pudendal, as hardened tissue, which may arise in subjects of sedentary habits.

The periphery of the ilio-inguinal and ilio-hypogastric which in general is the integument of the lower abdomen, may be the seat of neuralgia; or it may be the seat of hyperesthesia or anesthesia. The pain may be paroxysmal, radiating along the course of the nerves. Painful points may be detected near the spinous processes of the lumbar vertebra (lumbar point), near the middle of the iliac crest (iliac point), near the external inguinal ring (hypogastric point), in the inguinal canal (inguinal point), and finally in the labial points. These are Valleix's puncta dolorosa, or points of tenderness along the course of nerves.

The chief feature for the gynecologist, is the periphery of the ilio-hypogastric and ilio-inguinal nerves in anesthesia and hyperesthesia of the skin of the hypogastric and inguinal regions. The skin of the abdomen above the umbilicus is supplied in general by the lower intercostal nerves, which may be termed the respiratory region. The skin below the umbilicus is supplied by the ilio-hypogastric and ilio-inguinal, which may be called the abdominal region.

*Continued in December Number.*

# EDITORIAL DEPARTMENT.

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## SERIES OF IMPERSONATIONS.

### IMPERSONATION NO. 6.—THE SKIN MAN.

LADIES AND GENTLEMEN :

Here I am, as announced, to ask your attention while I tell you something of myself and my relations with my brother shapes.

I am smooth on the outside, because the liquid has evaporated from my outer cells and left them dried up. I am ragged on the inside, because my deeper layers are continuous with the areolar tissue which penetrates to the most remote parts of our brotherhood. I am tough, because of the fibrous tissue out of which a large part of my structures is woven. I am elastic and can stretch or contract as needed owing to the fact that my texture is more or less porous and therefore capable of acting as a closely fitting garment to the human organization which I was constructed to cover in whatever proportions it may assume. I become delicate and sensitive if coddled and pampered, but get tough as a newsboy when roughing it under exposure. The venous and arterial men furnish me with all the blood that I need, the sympathetic man and the lymphatic man have been taxed for my benefit, while the cerebro-spinal man has honored me with such an ample supply of nerve terminals as to set me up as the organ of touch for the entire body. In exposed places I am thick, as in the palms of the hands and the soles of the feet. And I can also create to order under the stimulus of intermittent pressure special areas of thickened tissues, as everybody knows who has suffered from corns and callosities and can testify if they are willing to give themselves away. Leaning on the elbows, or sitting or kneeling also thickens me at the places where the pressure comes. I have to pad myself in these localities. I am glad to thicken at my knees, for much good seems to come to me from it, but I cannot say as much for other localities. I am thin in protected places, as on the flexion side

of the joints and the inner sides of my limbs. In a few places I contain involuntary muscular fibres, giving me erectile qualities enjoyed by but few of the bodily organs. In warmth I am relaxed and more or less porous, but when acted upon by cold I can hug my meshes together so tightly as to take on the appearance known as goose flesh. In shape you will easily recognize that I am a very perfect human form, and if I ever belonged to one of your friends I would not be able to conceal the fact from you.

But do not mistake me for the whole human being, as I am nothing but his cage. The bird himself has flown. I look substantial, but I am hollow. To you whose gaze is only skin deep I may appear all right, but percuss me anywhere and just hear me ring. If I was stiff enough I would make a fine drum. Then you could secure from me with a pair of drumsticks almost any pitch you wanted, according to the depth of the underlying hollowness. You would get low ones from my trunk and head, higher ones from my arms, and still higher ones from my fingers and toes. If you should cut a hole in me anywhere and peek in you would at once perceive that my brother shapes had all left me alone and that I was a vacant chamber, completely hollow in every part, and black as night inside, because no light can enter my pores except through the hole which you yourself made. It seems as though I have limbs and head and trunk, but don't deceive yourselves; I am in reality very unsubstantial, for my brother, the bony man, no longer sustains me, and the muscular and other brothers constructed of gentler stuff have taken themselves away and furnish me with padding no more. In reality I am nothing but a mere wrapping of the substantial shapes which I used to contain.

When our family was all together and our household was in good working order my position seemed to me so important that I was impressed with a deep sense of responsibility. At that time I held the entire family within my embrace. I was their swaddling and grave clothes, and was at all times essential not only to their protection but their service in many other respects, to which I will refer in a short time. More than my brothers, perhaps, I am most emphatically a child of time. Let me explain this a little more at length. If there is ever one thing that is characteristic of this transitory physical world it is the outward forms of things.

This whole physical world of ours indeed could very properly be dubbed a skin world, for some type of skin or covering is absolutely necessary to all physical shaping. In the vegetable kingdom the skin is called the bark. In the mineral kingdom, although you may think the illustration is rather far fetched, the entire substance in every case is but an outer vessel to receive, become saturated with, and retain the indwelling vitality known as magnetism, without which the molecules of which minerals are made could not be held together. I wonder if this molecular contraction or magnetism is not what is known in physical science as gravity. The animal kingdom, without exception, is invariably skin covered. And this is true not only of each entire animal but of every part of the animal. Even the minute cells or smallest particles into which animal tissue can be divided have their cell walls or skins, without which they could never assume physical shape. Wine and water and other liquids are no more dependent upon the bottles, casks, cans or other vessels that contain them than is the human family dependent for its very existence upon the human skin. The skin is the baby's swaddling clothes, and as he grows the skin stretches and still incloses him. When at last he shrinks and shrivels the skin contracts and wrinkles upon his receding form, thus always acting as a closely fitting garment.

I was always proud to have my brother shapes in my continuous grasp, feeling that only through me could they be held together for the purposes of their existence.

You have perhaps heard the story of the man in one of our western cities who had discovered a universal solvent for all physical substances. It would dissolve iron, or steel, or stone, or glass, or wood, or rubber, or any other material whatever. His road to fame met with a single obstruction, but that was a fatal one. Owing to its wonderful solvent powers he could find no material out of which to construct a receiving vessel, and so it became dissipated, and his wonderful discovery was valueless. This story is a fine fable, for it illustrates a universal truth, that nothing can exist in this world without being confined by some containing structure. That confining material, whatever form it may assume, may naturally be considered as its skin. Hence it strikes me as not at all improper to call the entire physical world the skin or shell of the unseen world which dwells within, and which by perpetually

playing upon it is constantly producing changes in the skin type. In this same way my brothers could not exist and sustain their shape without my existence. A cell wall is really a skin, whether it be of the muscular, nervous, or other tissue. And all my brother shapes are mere aggregations of cells of various kinds. Such small skins as these are comparatively insignificant when compared to myself. I am the skin of skins, and common, simply constructed skins, whose sole office appears to be to serve as a box or containing vessel, are not in the same class as myself. As these smaller skins protect their contents, so of course I protect the body from harm. But aside from this fact there is no further resemblance.

I am perfectly willing that less important coverings of small and apparently unimportant structures should be called skins if it is only understood that I am the skin. These smaller skins, by the way, have various names according to their locality, which will be given you by the connective tissue man, who will be the next one of our family to entertain you. In giving an account of myself it may be well to proceed in an orderly manner and tell you first the main features of my structure, and then speak of my various functions.

I presume that most of you at some time in your lives have either from unwonted pressure or some form of irritant, experienced what is commonly known as a blister. Perhaps you think that when the blister is broken and its covering taken off that the skin has been removed, but in such case you do me a great injustice. What has been taken away is nothing but my outer layer, which is known as cuticle or scarf skin. The true skin still remains unharmed, and if permitted to do so will reproduce the scarf skin again as good as ever. So you see I consist of two layers, the cuticle, to which I have just referred, and the cutis vera, or true skin or derma, as I am universally called, which it requires more than a mere blister to injure or destroy. There are no blood vessels in my cuticle, and hence a blister can be raised and the scarf skin separated without the blister being reddened by blood. But the deeper layers of my cuticle are penetrated by nerve fibers, rendering the blistering process not altogether a comfortable one. After the scarf skin has been raised by a blister, of course the nerves which pass into the deeper layers of the cuticle are all separated, and it causes no pain to lift the covering of the blister. But any

measure which tears my cuticle from my true skin causes more or less pain in the process. My scarf skin deserves more than a passing notice, and indeed I will not be able to do it full justice on the present occasion, for it is not so simple a structure as you might think. The outer surface of my cuticle or scarf skin is hard and horny because the liquid contents of the cells which compose it have evaporated and rendered me a little scaly on the surface. These outer cells or scales are constantly being shed, their places being taken by those which are constantly growing up from beneath. In this way is my scarf skin being constantly renewed from beneath. The inner surface of the scarf skin is softer in texture and fits tightly over the irregular surface of my true skin. As this latter is always more or less roughened by papillary projections upon its surface, the entire surface of my scarf skin is bespattered with small holes or depressions for their reception, and owing to this fact has received the name of rete mucosum. Between the rete mucosum and my outer surface my skin consists of various layers of cells which change their shapes from within outward according to the degree in which their contents have been evaporated by contact with the outer air.

The coloring matter in the dark races is deposited in this deep layer of the scarf skin known, as I have just mentioned to you, as rete mucosum, so that if the cuticle of a colored man be stripped off he will be found to be just as white as anybody else, but he will not be white at all upon the surface, but red. My true skin is so vascular that it takes on in a normal condition a decidedly red appearance. My scarf skin, aside from serving as the recipient of the coloring matter in the dark places, is useful mainly for purposes of protection to my more delicate and underlying cutis vera. It prevents the undue entrance and exit of both heat and cold from the too rapid evaporation of liquids. My cutis vera, derma or true skin, however, is more highly organized, and you will find its structure an interesting study. Its outer surface, which is covered closely by the cuticle, presents a multitude of small elevations known as papillæ, which protrude from the surface of the true skin like warts on a toad's back. So important are these papillæ that the thin layer of the derma which presents them is known as the papillary layer. Sometimes these papillæ are arranged in rows, with little grooves between them. This is especially true of the palms



of the hands and soles of the feet, and palmists, or those who have studied the arrangement of these ridges and curls on the palms of the hand closely will tell you that they constitute the veritable parchment upon which the story of the life of the past, present, and future can be told in general terms. Each papilla contains a little capillary loop of blood vessels and lymphatics, and small terminal nerve filaments as well. Some of these nerve filaments terminate in an enlargement known as the tactile corpuscles, in which is said to be located the sense of touch. Papillæ exist over the entire surface of the cutis vera in all parts of the body, but in the palms of the hands and soles of the feet they are biggest and most orderly in their arrangement. The papillary layer of my true skin is not deep, and passes imperceptibly into the deeper layer of my true skin, which is known as the corium. This corium is a bed of fibrous tissue in which several important structures lie closely nested. It contains sweat glands, sebaceous glands, hair follicles, and involuntary muscular fibers, its deeper part being characterized by layers of areolar tissue in which are entangled adipose tissue. Sweat glands are little tubes of uniform caliber, arranged in the form of a coil in the deep layer of my corium, one end of which is a blind pouch, which lies in the center of the coil, and the other end of which passes up through the corium between the papillæ and through the cuticle opening upon the outer surface of my skin. While it remains in the true skin the sweat gland is a well organized tube, having an epithelial lining and a muscular coat of involuntary muscular fibers, and an areolar coat as well; but as it passes up through the cuticle, it loses all its coats, so that its channel through the cuticle is rather a space between the cells of which the cuticle consists, than a tube proper. My sweat glands are scattered thickly over the entire surface of my body, but are thickest in the palms of my hands and the soles of my feet, in this connection opening in various places between rows of papillæ.

All over the surface of my body are found innumerable hairs. The small, tiny hairs do not extend deeply into the skin, but the coarser specimens of hair penetrate deeply into the corium, sometimes extending beyond it into the adjacent tissues. In all cases, whether the hairs be fine or coarse, superficial or deep, they are enclosed in a tubular bag known as the hair sheath, from the bottom of which projects a papillæ upon which the hair rests, so that

in reality they are nothing but a form of the scarf skin. If you should examine one of my hairs carefully with a microscope, you would see that it consists, not of one continuous cell, but of a number of flattened and elongated cells, shingled over each other in such a manner as to render the hair smooth from its root toward its outer end. In testing the cutting edge of a knife or razor, always seize a hair by the root after it is pulled out, and apply the knife close to the thumb and finger that holds the hair. It takes a sharp instrument to sever a hair held in this manner. If the hair be held by its outer end, however, a comparatively dull blade can sever it by catching the free ends of the imbricating cells of which it consists. On the scalp the hair follicles are especially deep, and pass clear through the corium, and are found imbedded in the aponeurosis of the occipital frontalis muscle, so that if you attempt to remove the skin from the scalp without injuring the aponeurosis, you will find it necessary to cut the roots of hairs all the way. I know of some scalps that I am sure would prove an exception to this rule, but they are mere cases of baldness, and do not count. It is not necessary to call names, because they are quite common.

You will find in my corium also what is known as sebaceous glands, which are not straight tubes like the sweat glands, but have branches extending out in different directions from the central tube or pipe, which opens invariably into the hair follicle. There are usually two or more sebaceous glands connected with each hair follicle. Their form of structure is similar to that of the salivary glands and the pancreas, all of which belong to the type known as racemose glands. Like the sweat glands, they have an epithelial lining, an areolar coat, and a muscular coat constructed of the involuntary muscular fibers, so arranged as to squeeze the contents of the sebaceous glands out into the hair follicle, thus furnishing oil for the hair and the surface of the skin.

The adipose tissue which my corium contains will not be mentioned, as it belongs more properly to the areolar man to speak of.

From this description you will at once perceive that there is no particular structure peculiar to myself. My blood vessels, my nerves, my cells, are similar to those found elsewhere in the body. All that gives me my individuality is the peculiar combination which I have formed by obtaining contributions from some of my

brother shapes. So that, although I am essential to their existence, they are also essential to my existence. Without the blood I could not be built up, without the lymphatics and veins my debris could not be removed, without the nerves I would be without sensation, without muscular fibers I could not make a single hair stand on end or raise a goose pimple, and without areolar tissue I could have no substantial ground work for my structure, and without epithelial cells I would be incomplete and inefficient. So let me here pay proper respect to the other members of my family, humbly acknowledging my dependence upon their kindness, courtesy and generosity. My independence is but seeming, and although I am proud, I am honest as well, and acknowledge my dependency upon my fellow shapes at the instance of a wholesome conscience.

Before closing my remarks I must speak briefly of my various functions. One of them I have already referred to, that of protection. My family would find this world too rough to live in if I did not hug them closely and shield them from the weather. It is mainly through my instrumentality that the temperature of the body can be maintained steadily at its normal degree. If internal fires are lighted up so that our tissues are consuming too rapidly, by means of my sweat glands, I can produce evaporation and cool the family off. By means of my cuticle I can keep out extremes of heat and cold and can also by this same protection prevent undue attrition between my delicate brothers and the outer world. My sweat glands also deserve honorable mention as excrementitious organs. They can eliminate urea, and thus supplement the kidneys in their important function. My sweat glands and the kidneys are to a considerable extent supplementary organs. Perhaps you will notice that when you sweat a great deal, as in warm weather, there is not as much urine formed, regardless of the amount of water which you drink, but in colder weather, when the pores of my skin are more nearly closed, the quantity of urine expelled from the body is correspondingly increased. Through my lymphatics, which are distributed throughout my corium and papillary layer, I can absorb food and oxygen, and thus supplement the work of both the digestive organs and the lungs. Perhaps you know that if you feed a child or sensitive grown person with excessive quantities of beef tea it will produce a dryness of the mouth, especially

of the tongue. If fomentations of beef tea be applied over large skin areas, the same dryness of the mouth and tongue will be set up, showing my intimate association with the digestive organs. If you want further proof of the intimate relationship between myself and the organs of digestion when I become afflicted, as I sometimes do, with eczema, by means of benzoinated oxide of zinc or other ointment applied to my surface causes this to disappear without giving anything to correct the condition of the blood, watch the effect upon the stomach and bowels. Many a case of dyspepsia or constipation or diarrhea has been thus induced, to be immediately relieved as soon as the eczema is again brought out upon the surface of the skin. Perhaps you have thought that the lungs were the sole means by which oxidation of the blood was accomplished. If so you have done me an injustice, for I have some small capacity in that direction myself. On this account let me remind you that you ought to change your clothing as often as possible if you want me to do you good service. How can your hands or feet or the rest of your skin breathe if you do not let them repeatedly come in contact with the fresh air? When you get tired from your work at night, try the effect of laying off every garment you have on and putting on fresh ones, and see if it does not rest you. Let the fact that it permits increased oxidation of the blood by way of the skin, with a corresponding escape of carbonic acid gas, serve as an explanation, for it will be in conformance with what is really the case.

In the face and in the pelvic region you will observe a number of holes through my structure which lead to interior passages which ramify throughout the entire body. Through these holes my skin passes, and after it gets inside of the openings, is thereafter known as mucous membrane. Tracts of mucous membrane run to the lungs, down into the stomach and intestines, out into the salivary glands, pancreas, liver, and the small and large intestines. They line also the entire urinary tract, including the kidneys, and also ramify through the sexual organs. But this interesting part of my structure, which may properly be called my internal skin, although it is usually known by the title of mucous membrane, is too extensive a subject to be discussed on the present occasion. Suffice it to say for the present that my outer and inner skins are identical in structure, continuous with each other at the upper and

lower openings of the body, and take their different appearance simply owing to their different situations in life. My outer skin is adapted for contact with the outer world, my inner skin or mucous membrane is fitted for home service. But we are closely associated, not only in structure, but by such close ties of relationship as to be mutually interested in each other's welfare, often bearing each other's burdens and in every possible way supplementing each other in our daily tasks.

Over the entire surface of the body my surface is smooth and continuous, except at its base, where I present a raphe or seaming, as if at this place I had been stitched together. From this brief consideration of my structure and functions, you will perceive just cause for my consequential bearing. My brother shapes in most cases have single duties which they are specially qualified to perform. But with me it is different. My duties are various. I am the body's outer defense, and have much to do with the regulating of its temperature. I secrete from my sebaceous glands, and I excrete from my sweat glands. I can be put to a limited extent to purposes of digestion, respiration and elimination, and altogether I consider myself the best all-round member of our family of human forms. Although I feel that I have done myself but poor justice owing to my poor command of language, I have at least accomplished a worthy purpose if I have served you a pleasant entertainment, and let me hope in some small degree, instruction as well.

My connective tissue brother will be the next of our family to invite your attention, and if he rises properly to the occasion will be found worth listening to, for we consider him a most important member of our composite structure. In closing I perhaps owe an apology for not speaking more particularly of my special function, the sense of touch, with which I have been endowed. But as this is but a part of the cerebro-spinal man, I shall ask him to make up for my deficiency.

E. H. PRATT.

## CLIPPINGS AND COMMENTS.

C. A. WEIRICK, M.D.

CHICAGO.

73. Two of the following quotations are taken from editorials in the *Clinical Reporter*:

"We believe one trouble with teaching of physical diagnosis and physical examination is that the student does not recognize normal conditions, normal heart sounds, and respirations, and as a consequence, does not readily detect and does not duly credit abnormal sounds in either heart or lungs."

"The fad of using the knife for every ailment which affords the slightest pretext for so doing, is gradually giving way to more conservative ideas. This trend among physicians generally was voiced in no uncertain tones at a recent meeting of the American Institute, where there was expressed the belief that too little attention was paid to the study of *materia medica*."

In the *Medical Arena* Dr. Bass gives two cases, one having insomnia, the other impaired action of stomach, kidneys, and bladder, also insomnia; both due to redundancy of the prepuce. They were cured by circumcision. Long continued treatment with medicine by various physicians had failed to cure them.

There certainly should be in medical colleges a clinic made up of well people, that the students might learn normal conditions in a practical and not theoretical manner. The ear cannot be educated to readily detect the heart and respiratory sounds of percussion and auscultation by simply listening to verbal descriptions of them. The doctor who would be a good diagnostician must give his ear an education the same as the gynecologist must educate his fingers, and it can only be done by practice under intelligent guidance. Had the physicians who had so long treated the cases which finally came under the intelligent treatment of Dr. Bass, known when a foreskin is normal, they doubtless would not have permitted those patients to suffer so long, one of them fifteen years. No doubt if teachers of anatomy would make a study of pockets and papillæ of the rectum, they would soon settle the question as to whether they are normal or pathological. If there has been an unreasonable use of surgery, and the evidences of the injudicious selection of that method of treatment are now apparent, it should be remembered that the *materia medica* era preceded this period of surgical development. The innumerable failures by medical treatment caused a desire to find something more effective, and surgery was the something tried. For a long time much of

the operating, except in cases of injury, was on what might be termed *dernier ressort* cases. The success in these cases led to the very sensible habit of operating for certain conditions before they had brought the patient to the verge of the grave. There are extremists of *materia medica* and of surgery, but their influence is temporary. The value of any plan of treatment is determined by results, and the great body of general practitioners is the judge. Theirs is the final and effective verdict.

It was time wasted, to say nothing of money and comfort, to give those two men, whose ailments were due to elongated foreskins, medicine to cure them. It would be an equal mistake to circumcise every man for nervous troubles because these two had been cured by that operation. He who would cure every case with medicine is just as much of a faddist, as he would do the same with surgery. It is first necessary to be able to recognize healthy conditions, then those that are abnormal, and finally to understand the scope, the possibilities, and limitations of all methods of treatment. Those who are thus qualified by education and an evenly balanced mind, will not be either *materia medica* or surgery faddists, especially of the pendulum motion variety.

74. ADHERENT PREPUCE.—*Editor Medical Summary:* The following cases may be of interest to the readers of the *Summary*:

T. G. M., age  $2\frac{1}{2}$  years, of nervous diathesis, was affected with restlessness, both day and night; his constitutional vigor was not in proportion to his size. I tried some medicines internally to correct his trouble, but failed. On examination I found that the prepuce and glans were adhered almost all the way around the corona glandis. I stripped the prepuce back and released the glans and the child began to improve.

S. D., age 12 months, was almost constantly troubled with some kind of sickness, generally some form of cold with great nervousness. His last sore throat and cold were treated as usual and the objective symptoms soon relieved, but great nervousness continued for three or four days without apparent cause, and I thought I had better look around. I found that the prepuce was adhered to glans almost to the meatus. I released it one night about 9 o'clock, amid one of his nervous storms, and took out about eight or ten grains of smegma, which had gathered back of the corona in the form of a "stand-up collar." The substance was hard and tough. After its removal the child was asleep in twenty minutes. He has been improving ever since.

These cases, reported by J. J. Waller, M.D., Oliver Springs, Tenn., show the folly of using medicine when surgery is required. Functional impairment of an organ will eventually result in organic change. Such nervous cases are the kind that are expected to outgrow their trouble and medical advice is given in accordance with that expectation. Those cases never do outgrow impaired health; the particular train of symptoms may disappear, but they are followed by other manifestations of ill health, usually at puberty, which prove very intractable, because they are but the outcome of a cause that is of years' standing. "Do not pay any attention to the trouble, the child will outgrow it," is harmful advice, more

harmful than to advise cases of lobar pneumonia not to take medicine because it is a self-limited disease, and a very large per cent of cases recover under expectant treatment.

75. "HOT FLASHES".—Our sisters are subject to many inconveniences, and all because they are "sisters," and this one known as above is one of the worst of the lot, though not dangerous. It may be amusing to lookers-on to see some stout lady, while everybody around is comfortable, suddenly seize her fan and vigorously cool herself off, and repeat this operation frequently, but really it is a case of the boys and the frogs. Women have for the most part learned to consider these annoying feelings as something beyond the reach of art, and so do not frequently seek relief at the hands of the profession, or if they do are not in the way of receiving much comfort. To be told that it is only nature's "way" does add to one's comfort, and that is generally all that is vouchsafed by way of cure or help. Having recently treated two cases with results satisfactory both to my patients and, of course, to myself, will give the method. Tri-bromide tablets (7 grs.) one three times daily, fl. ex. salix nig., fl. ex. cimicifuga, aa ½ oz.; fl. ex. nux vomica, 2 drams. M. S. 20 drops once in 3 hours. The prescription was based upon the theory that these occurrences were due to irregular nervous action manifesting itself through the vascular system, and the object sought was to allay or control this irregularity. The combination seemed equal to the occasion.

As a rule, I do not believe in repeating specific recipes, for the same conditions may not exist twice in different people, but in this case I have departed from my habit because these phenomena are so similar in most cases that a similar pathologic condition might be inferred.—*Dr. Carrington.*

Were we to write any extended comments on our treatment of "hot flashes," they would consist almost entirely of failures. Hot flashes at the menopause seem to be about as uncertain an element as nausea of pregnancy; sometimes present, other times not; sometimes lasting but a short time, and again a long time. Sometimes with us they have ceased for periods of various duration, with and without treatment, only to recur again. We just tell a patient that we cannot promise to cure her, that they may last from a few weeks to years. If Dr. Carrington's prescription will cure hot flashes he is more of a benefactor to womankind than many more pretentious discoverers in medicine.

76. Dr. Earl of Baltimore uses the clamp operation for hemorrhoids without using cautery. The tissue above the clamp is removed and a continuous suture was inserted around the clamp, which is then removed and the sutures tightened. He thinks it the best method he has tried.

Dr. Emerson says in the *New England Medical Gazette* that in many cases it is impossible to employ the clamp and cautery efficiently. He says the dilated vessels must be destroyed. After trying all the operations he is in favor of the following, which is really what for sometime has been known as the slit operation, plus the suturing:

After the patient is anesthetized and the sphincter muscle is thoroughly dilated, the diseased parts are brought into view, and the exact method of procedure is selected with reference to the condition actually found. The most prominent mass of tumefaction is selected, and a suture of fine catgut inserted into the normal mucous membrane immediately above the apex of the



incision which is to follow, and this is tied as a guide to subsequent proceedings. With scissors an elliptical area of muco-cutaneous membrane and underlying tissue is removed, the apex of the incision above being just below the suture already inserted, while the apex below is at, or on, the skin. The long diameter of the ellipse thus corresponds to the long diameter of the bowel. Through this incision the underlying hemorrhoidal vessels are freely excised down to the sphincter muscle, then upon either side this excision of vessels is continued through the incision, care being taken to go down to the sphincter, but not into it, and to thoroughly remove all distended vessels immediately beneath the covering membrane. This is facilitated, as one gets deeper laterally, by everting the covering membrane over the end of the finger, and no especial difficulty is experienced in accomplishing this. The hemorrhage is quite profuse, but in my experience has never been of more than passing importance. After this lateral undermining is thoroughly carried out over an area of about one-third the circumference of the anus, the catgut suture tied in place is used to sew up the incision, care being taken to accurately coaptate the margins of the same. After this suture is in place, and before it is finally tied, with a large needle and a large catgut—of the size usually employed in cervix operations—a single suture is passed well within the anus in such a way that it completely surrounds the cavity which has been undermined beneath the membranous covering. Before this is tied, all blood which has oozed into the cavity is carefully expressed; and then this interrupted suture is snugly tied in place. The effect of this is to control the hemorrhage by stopping it, and also to prevent the dilatation of the artificially formed sac by oozing. If the hemorrhoids are confined, as sometimes happens, to one-half the area of the anus, all of the sub-membranous dissection can be accomplished through one incision; if the hemorrhoids are in the form of pediculated tumors, the latter can be snipped away so closely at the base as to leave an elliptical opening, through which the adjacent tissues can be excised. This will require a continuous suture for each mass removed. If the hemorrhoids are diffuse in character and completely surround the anus, I have found three incisions at symmetrical parts of the anus sufficient to accomplish complete excision of the hemorrhoidal mass throughout the entire circumference.

Extract from "How to Save the Perineum," by C. E. Fisher, M.D., *Medical Century*, Chicago:

77. There are three parts of the child which tear the maternal structures. Commonly it is considered sufficient for the obstetrician to protect the outlet from injury as the head passes out of the parturient canal. But this is not enough. And just here lies the greatest sin of omission of the lying-in chamber. The head is globular and distends the tissues symmetrically. If it is not allowed to press its way forward too swiftly—that is, if the abominable practice of bidding the woman to "bear down" as the perineum is reached is abandoned and the labor is retarded, as it should be at this moment—it ought never to lacerate the tissues. If possible it should never be allowed to escape from the vagina during a pain. The woman should be enjoined to hold up, to go slow, to desist from effort and the perineum should be "gloved" back, as it were, over the head between pains. Times without number have I seen the tissues rip before my eyes or under the vision of my fingers while encouraging the patient to use all her force toward a quick expulsion, this having been the teaching in my student-days and the injunction of every practitioner with whom I have ever worked in the lying-in room. But since I have learned to pursue just the opposite course and insist that the patient shall leave the delivery of the head to me I rarely have even the slightest abrasion from this presenting part. Herein lies the safety of the perineum as the head glides over it. It should be delivered between pains, without the aid of the mother if possible, preferably when she is fully relaxed under an anesthetic.

But observation has taught me more than how to deliver the head without perineal injury. I have learned that the shoulder is the most dangerous part of the child and that the elbow comes next in order of frequency of menace to the maternal outlet. The common practice, to be satisfied when the head is delivered and the perineum is felt to be intact, is a grievous error

and accountable for many a case of vaginal and perineal shredding. The head is globular, the shoulder angular. The acromion process projects at an acute angle from the trunk of the child and fairly digs down into the vaginal floor under the influence of strong pains. Posterior vaginal rips are almost always from this cause. Some authors place a good deal of stress upon which shoulder should be delivered first. It matters but little, in my judgment, which first sees daylight, but it matters much how much injury an unguarded shoulder may cause. After the head is born it is my practice to insinuate beneath it, on the floor of the vagina, two fingers of the managing hand, their dorsum being well anointed, and with these to protect that floor from harm. By spreading the fingers just a trifle the acromion process is allowed to rest between them and the pressing surface is thus made broader and flatter. This position is maintained until the shoulder shall have passed over the vaginal ostium, when the elbow is gone after and treated in like fashion. \* \* \*

I condemn myself severely now whenever a vaginal perineal laceration occurs. And I go as far as to hold that except in the severest types of abnormal labor there is actually no justification for injuries to the maternal soft parts. Rushed labors, neglect to deliver the head between pains, and lack of specific attention to the delivery of the shoulder and elbow are the responsible factors and are all easy of elimination from the lying-in chamber.

Such an article is a benefit to womankind. It is of interest to every woman who expects to be a mother, and should be to every physician who expects to do any obstetrical practice. It is so easy to repair a lacerated perineum that sufficient attention is not given to preventing it. The way to stop so much surgery is to make it less necessary. Dr. Fisher's article is a sensible, practical way of handling the question of "How to Reduce the Number of Surgical Gynecological Cases." We believe a physician has no right to rush a case through labor solely to save his own time. If he has not all the time necessary to deliver a case thoroughly he should not take charge of it. The passage of the child through the ostium vaginae should ordinarily in vertex presentations be slow, not only of the head but of the shoulders, for it has long been well known that the latter cause many perineal lacerations. Dr. Fisher did not say anything about the free use of lubricants in the vagina just preceding the delivery of the head or during the process of distending the perineum. That we think is much more effective than to "glove" the perineum back. Those who have tried this plan of prevention think it useful. Sterilized lard, we think, is preferable to oil, because it is more easily carried by the fingers and inserted into the vagina, where it readily melts. At least a pound should be prepared and a large portion of it used. We think a physician is neither negligent nor lacking in skill if he does not prevent laceration of perineum in every case of labor he attends, and he will find that a lacerated cervix is quite common even in not very severe labors.

78. Dr. R. N. Foster, in *The Critique*, advises bleeding the cervix uteri for vomiting in pregnancy. He dilates the lower part of the cervix sufficient to introduce the blade of a sharp pointed bistoury or of a gum lancet. Care must be exercised not to dis-

turb the internal os. The incision is through the mucous membrane, longitudinal, one-half to three-fourths of an inch long, terminating at its lower end at the external os uteri. If only a few drops of blood are discharged, make a second incision at once. The loss of a quarter to half an ounce of blood is sufficient. Immediate improvement follows. In some cases it was necessary to repeat one to four times one week apart. He found but one case on which it failed, and that a complicated case.

Good results have been obtained for this trouble by simply dilating the external os once or twice, also by applying solution of cocaine. Orifical principles cover the treatment.

79. Dr. Mary L. Gibbons has found apomorphia an effective remedy in some severe cases of nausea, due to other causes than pregnancy.

80. Recently Dr. Trowbridge told us of good success he had had in treating some cases of chronic rhinitis with local applications of ichthyol. Conitzer, in a German journal, holds that ichthyol will cure some cases of anal fissure in a few days. The above are examples of how much the profession may learn from a large class of physicians who talk so little but say so much, that will be of daily value to the physician.

The profession apparently thinks the importance of some conditions depends upon their infrequency; at least that seems true of many of the younger members of the fraternity. We asked a bright, recent medical graduate to tell us what he had learned, purposely making the question broad for the purpose of determining what subjects had been most impressed on his mind. He answered by giving a very good description of ovariectomy and other major operations, but hesitated, stumbled, and needed a "pony" when asked what to do for a child having lice, diarrhea, stomatitis, etc. It was complimentary to the surgical professors that they were such efficient teachers as to impress the topics on their students, but if the relative importance of diarrhea and cases requiring laparotomy be measured by number of cases and deaths, then the former is vastly greater than the latter. While giving no less attention to the special lines of work, the common every day troubles should not be neglected. We know that if the readers of this journal will each give just one practical measure in the form of an item they have discovered, or whose value they have corroborated to be published in these columns, they would be of inestimable value. We invite you to do so.

# JOURNAL OF ORIFICIAL SURGERY. CHICAGO.

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Mr. President, Ladies and Gentlemen, Fellow Doctors and Friends:

I have the honor of presenting for your consideration the briefest paper which I have ever prepared for a medical society. As you have but a single day's session I appreciate the value of your time and have therefore been considerate, feeling confident that brevity in the paper would at least be a merit that you would appreciate, and as I glance at your faces I recognize that my thoughtfulness in this respect meets with your approval.

The paper has another virtue, and that is its simplicity. You have just listened to the address of Dr. F. W. Morley, one of your presiding officers, in which he eulogizes two qualities of human nature as valuable agents in the sick-room and presents them in the form of an allegory, calling them domestic remedies. The qualities which the doctor extols are the two s's, as he calls them—sympathy and simplicity.

This must have been a case of thought transference, for the paper which I present to you is as simple as it is brief. It is thus in keeping with one of the suggestions contained in the President's address. Probably while he was composing his remarks upon simplicity I was at the same time preparing this paper.

## SOME SUGGESTIONS IN THE LOCAL TREATMENT OF WOMEN.\*

E. H. PRATT, M.D.

CHICAGO.

When most of us graduated from our medical alma mater what may be called modern gynecology was young, indeed, much of it was unborn. One-half the instruments that we now think indispensable to our gynecological kit were uninvented, and the gyneco-

\*Read at Marion, Ohio, before the joint meeting of the Miami Valley and Northwestern Ohio Homeopathic Medical Societies, November 23, 1899.

logical ideas which seem now to us of most value had not yet found public expression. Then, too, there is no such thing as a book up to date, for by the time it is presented at the bookstores for sale many months have elapsed since the most of it was written, and had the author his work to do over again, his production would suffer both subtractions and additions as a result of his own personal growth since his book was written. Medical journals stand for what is newest and best in medicine, but most of them contain such an amount of mere padding that one finds it necessary to cull from large numbers of them in order to really keep abreast of what is going on in the line of medical progress.

While, however, this is true of new drugs and new means of applying them, both internally and locally, and may be said also of improvements in instruments and in methods of local treatment, it is not true of surgical and gynecological principles, upon which all inventions of instruments and methods of treatment and drug applications depend for their efficiency. Given a knowledge of anatomy, physiology, pathology, mechanics and drug action and forces and a doctor with his wits about him, who is in the habit of mixing good wholesome common sense in whatever he does, will be able to prosecute successfully the practice of gynecology without spending any great amount of time in his library. A doctor needs first this basic scientific knowledge, but just as much does he need freedom of thought and independence of action. Thinking doctors are as valuable as they are rare, and an engorged memory is about as hostile to helpful mentation as an overloaded stomach is to physical activity. Books and isolated facts and fancies are all right as pabulum for thought, but they become detrimental when permitted to take its place.

My present plea is for the practice of a rational gynecology that eschews routine work for women and has due respect to a genuine science of gynecology by means of which individual problems as they present themselves can find their solution and the percentage of cures be thereby increased. The time that may fairly be allotted at the present meeting to a consideration of what might be involved in the subject under discussion is too brief for its exhaustive consideration, but a few practical references may serve as illustrations of what is meant by rational gynecology.

First and foremost must ever be held in view that irritation

invariably precedes functional disorders of every type, even to the point of being responsible for every possible manifestation of inflammation in all its stages. It must be remembered also that irritation can be predicated of either nervous system. When occurring in the realm of cerebro-spinal influence it appeals to the self-consciousness of the patient and induces definite local complaint either at the part involved or by metastasis elsewhere. When occurring, however, in the sympathetic realm it is sure to escape the observation of that type of medical practitioners who rely for their diagnosis of a case merely upon questions and answers.

The sympathetic nerve when it confines its expression to its own language must be interpreted by deviation in functions either of the body as a whole or in some of its parts in order to be properly comprehended. This can only be done by careful and intelligent study of the bodily tissues themselves. The cerebro-spinal domain has ever been so self-assertive as to be conspicuous and has ever demonstrated its capacity to look out for itself. Indeed it has talked so much that what it has to say for itself comprehends a very large proportion of medical literature and discussion. But the sympathetic sphere of influence is so subtle and unobtrusive so far as the bodily consciousness of the patient is concerned that although the condition of the sympathetic nerve is of more importance in the human economy than is even yet realized by those who recognize the existence of a sympathetic nerve it needs a competent interpreter and a worthy advocate to properly establish its importance as a factor in gynecological as well as other diseases. This paper, therefore, will be merely suggestive and wholly inadequate to a proper championing of a cause that calls for more efficient and exhaustive handling.

Impinged or irritated sympathetic nerve filaments, impeded circulations, and vaccinations with toxines from bacteria hostile to the health of bodily tissues are the three sources from which all gynecological mischief springs. Rational gynecology therefore must comprehend a proper consideration of these subjects to be at all adequate to its purpose. There is no possible type of gynecological pathology, and there is no rational treatment for its relief, that is not based upon these three fundamental basic facts.

Impingement or irritation of sympathetic nerve terminals or trunks are of first importance, because sympathetic nerve force

dominates all forms of circulation. Circulation is of the next importance, because the condition of the circulation has much to do with the possibilities of infection. The first thing to obtain, therefore, in the proper treatment of any gynecological case, trivial or grave, is the relief of sympathetic nerve terminals as well as trunks from all forms of undue impingement and irritation. This will involve a careful inspection of every individual organ concerned in the makeup of the sexual, urinary and rectal apparatus, for these various parts are so intimately associated from the sympathetic nervous standpoint as to be practically inseparable in all matters pertaining to the health and disease of each one of them.

Next in order will come a consideration of circulation. The removal of nerve impingement and irritation will do much to restore vascular equilibrium. But where congestions have become chronic, some one or all of the stimulating measures at command may be needed to properly oil the wheels of pelvic life for a longer run in the race of time. Whatever measures may be at your command that will influence pelvic circulation will be needed to establish lost tonicity.

Last of all must be considered the subject of infection. With normal nerves and normal circulation secured infection is so poorly conditioned as to be improbable. But as temptation ever involves danger, either mentally, morally or physically, so physiological cleanliness for prevention, and surgical cleanliness in times of recognized danger, are always to be thought of and practiced.

The subject of nerve impingement is a matter for surgical consideration pure and simple, being of a mechanical nature. That of nerve irritation, however, may be either mechanical or psychological. If mechanical measures are well followed out, however, psychological considerations are of minor importance, as health is natural of mind as well as of body, and if bodily suggestions involved in nerve impingement are removed by mechanical therapeutics the reestablishment of psychological balance is in most cases spontaneous. In chronic congestions, however, following impeded circulation such psychological forces may be used to advantage in connection with mechanical and medicinal aids in restoring tissue tone. The same proposition holds true with reference to infection. The unknown element known as susceptibility, which is invariably concerned in infection, smacks of the realm of the unseen, and the

study of forces which are forever beyond the grasp of physical consciousness is by no means to be ignored in the solution of the bacteriological problem.

There is no possible type of local treatment called for in diseases of women that cannot be selected with reference to the principles just enunciated, and only as these principles are held constantly in mind and local measures applied intelligently in accordance with them can gynecological practice be rendered satisfactorily efficient.

#### DISCUSSION.

Dr. A.—I am not only surprised but greatly disappointed in this paper presented by Dr. Pratt. Like all the rest of his writings, it is purely theoretical and contains nothing whatever that I can see to be of the least possible practical application in the practice of gynecology. I was expecting from the doctor some suggestion or remedy or idea that would aid us in the cure of women, that would be of some practical service. But I can get absolutely nothing from the paper, and simply want to express my disappointment.

Dr. B.—Although Dr. A's remarks may seem rather severe, as I have heard Dr. Pratt described as a brilliant operator and eloquent speaker, nevertheless, he to some extent expresses my own sentiments. I, too, am disappointed in the paper of Dr. Pratt. I have never met him, or listened to him before, and when I saw his name upon the program and read the title of his paper, and realized that he had come clear from Chicago at some considerable expense to read it before the society, I was expecting an effort in keeping with the circumstances and the man, but must confess to a considerable degree of disappointment. Of course I have heard of Dr. Pratt for a good many years, and one of the inducements which brought me to the meeting was the prospect of listening to a paper prepared by him. I had heard him described as an eloquent speaker, a brilliant operator, and a great teacher, a sort of a big man all around, both physically and mentally. But I must say that his paper does not come up to my expectations. Perhaps I was expecting too much. Nevertheless, I could not go quite so far as the previous speaker and say that the paper is wholly worthless, as I can see if the doctor's ideas are reduced to universal practice, that gynecological work would be more scientifically carried on than is usually the case, especially with the general practitioner. Perhaps I have not quite



grasped the full meaning of the paper and may be doing it somewhat of an injustice. I simply want to say that I, too, was a little disappointed in the doctor's effort.

Dr. C.—Mr. President, I listened very attentively to Dr. Pratt's paper, and can see no occasion whatever for the uncomplimentary and uncalled for remarks of the previous speakers. To me the paper is full of meat, and as practical as can be. The paper, of course, is a comprehensive one, dealing in generalities, and Dr. Pratt evidently intends that his hearers should do some thinking on their own account, and probably the speakers who have been so uncomplimentary in their remarks are not accustomed to this process, but if they had been students of Dr. Pratt's philosophy and methods they might have had a little more development in this direction.

Dr. D.—There is one thing for which the entire medical profession is under everlasting obligation to Dr. Pratt, and that is that he had taught them to think for themselves, to reason things out and make a better use of the knowledge at their command than they had previously done. This paper is evidently addressed to thinkers and not merely to those who require that every generalization should be followed out into its minutest details. I have enjoyed the paper greatly, and protest against the discourtesy shown to one of the greatest thinkers and originators among us. The paper is certainly practical, although it may require a practical man to appreciate it.

Dr. E.—I rise to express my appreciation of the paper just presented, and to give public acknowledgment to Dr. Pratt for the innumerable and valuable surgical suggestions which he has made to the profession, and which I have repeatedly profited by. I think I appreciate the paper just presented, and recognize that it is pregnant with meaning, which I hope to avail myself of in my gynecological work.

President Morley.—Gentlemen, it seems to me that this discussion has gone far enough, and as our time is somewhat limited to-day, I will call upon Dr. Pratt to close the discussion of his paper, being well assured that although many warm friends of Dr. Pratt are present and would be only too glad to speak in his defense if necessary, nevertheless I well know that the doctor is perfectly able to take care of himself and needs no other defender. Let us now hear from the doctor.

Dr. Pratt.—Mr. President, ladies and gentlemen, I wish to thank

Dr. A for dubbing me a theorist. I know that he did not intend the remark as a compliment, nevertheless it is such in reality. I would like to ask the gentleman where rain comes from if it does not descend from clouds, where do facts spring from if not from fancies. Specifications must always precede construction in house building. You can't build a house without conforming to some previously adopted plan. I defy you to even drive a nail without raising and bringing down the hammer in conformance with a conception of what is to be done. Theories brought you to this meeting, and theories will take you home again. It is forever and at all times the nebula of thought in the realm of the unseen that is responsible for every possible physical shape and accomplishment executed by the hand of God and man. As theories perpetually precede things, and as things could not exist without theories, to be called a theorist, provided one is a practical one, is no small compliment, and I am grateful to the doctor for his unintended eulogy.

The guests at a medical feast remind me of those who sit down to eat at tables. Some of them are satisfied if their meal is well cooked and served, and after it is once placed before them are abundantly able to apply what is provided to their physical use. But some, and of course they are invalids, have to have their meats and vegetables cut up into small fragments so that they can make use of them a mouthful at a time. Still others, feebler yet, must have each mouthful fed to them. And I remember to have seen on a few occasions a mother chew a mouthful of food, or mum it, as the interesting process is called, for the one she was striving to nourish. Of course it was a toothless babe in arms.

I must confess that in preparing this paper I had expected some mental activity on the part of the doctors in attendance, for I knew that most of you were up to date, rational, thinking medical men. But as some of those present seem to prefer to have someone else do their thinking for them—for it seems that a few medical babes have come to the meeting—I will reduce in a few instances the principles of the paper into their practical application. Take, for instance, the case of erosion of the cervix. The common practice, as you all know, is to cauterize, or curette, or scarify, or apply drugs, merely to the lower extremity of the cervix, ignoring entirely the nervous and circulatory relationship which the cervix entertains with the other pelvic organs. This practice I claim to be un-

scientific to the point of puerility. An adherent hood of the clitoris could induce and protract erosion of the cervix simply because the cervix and the clitoris are supplied by nerves which proceed from the same nervous center, and to attempt the cure of an eroded cervix without securing the freedom of the hood of the clitoris is bad and inefficient medical practice and belongs to the babyhood of gynecology and not to the present enlightened period. The condition of the internal os uteri, too, must be taken into consideration, for this also may express itself in erosion of the cervix. So, too, can an irritable hymen. So, too, can an irritable last inch of the rectum. So, too, can catarrh of the sigmoid. In consequence of these now well-known facts the doctor who undertakes to cure erosion of the cervix must look out for nerve impingement and some form of irritation at all these associated places in order to successfully and permanently correct the erosion of the cervix. Do you think you can cure chronic cystitis in women by simply rinsing out a bladder and giving attention to the urethra? Do you forget the anatomical relationship by which the internal os uteri and sigmoid and the rectum are able to express themselves in bladder irritation when the bladder itself serves but as a catspaw for the expression of a distress located at one or more of these neighboring places? An irritable hymen, by depleting sympathetic nervous force, can so cripple peristaltic action as to induce chronic constipation, or its counterpart, chronic diarrhea, which will prove intractable until the offending condition of the hymen is corrected.

There is no trouble in women more common than leucorrhea, and yet to attempt its correction without giving due consideration to the position of the uterus, the condition of its endometrium, the state of the vulva, as well as that of the clitoris and rectum, is to display culpable negligence on the part of the gynecologist and insure failure in the treatment of his case.

To restore tone to a vagina and correct uterine displacements, which frequently result from nervous exhaustion, without correcting sexual excesses is another common error. Constipation in women may be caused by an adherent clitoris, an irritable hymen, and also by retroflexion or retroversion. An adherent clitoris and irritable hymen mean irritable terminal nerve fibers. It costs electricity to press a button and ring a bell, and it costs nerve force to impinge terminal nerve fibers. And as it requires economy to pro-

duce wealth of nervous as well as other forces, nerve impingement must be looked to before circulation can be really established.

Uterine displacements press upon and impair by undue contraction the nerve trunks themselves, and in this way are sources of enervation, which must be looked to in any type of pelvic trouble.

From a nervous standpoint the rectum and the sexual system are twins, and they act and react upon each other so intimately that both must be cured in order to cure either. In this way I might go on making practical application of the principles involved in the paper presented for your consideration, and I could employ the entire afternoon with profit and would have no fears of being able to satisfy even the most skeptical and prejudiced of the practical nature of the positions taken in the paper, for they were comprehensive and cover the entire field of gynecology.

Liebig's and other extracts of meat are intended to be diluted before taking, and one of the objects in presenting so condensed a paper was to give you something to think about. Nevertheless the paper was intended to be a simple one, and I regret only that I have not succeeded in making it sufficiently simple for the comprehension of every one present, even the dullest of your number. Another time, if I meet you again, I will try and indulge in sufficient elaboration and illustration if you like to secure a more general understanding and appreciation of whatever subject is selected for presentation.

## WOUND CLOSURE.\*

O. S. RUNNELS, A.M., M.D.

INDIANAPOLIS.



The finished technic is the highest ambition of surgery, and although striven for by all, is possessed by none. Like education in general it is always in process, but never complete. It is that which will be learned and unlearned, added to and subtracted from, acquired and dropped, till the ultimate in surgery is reached. There must be necessarily a proving and reproving of methods, an adoption and rejection of the vari-

ous manuals, until the best is attained or until the surgeon's brain and hand tire at last in the quest. It is thus always that the pile of human knowledge is built up, but which in the very nature of things can never be rounded to completion. But while perfection is unattainable, the highest relative excellence is within the reach of all, and it is this attainment that is commonly referred to as the finished technic.

The effacement as nearly as possible, therefore, of the evidences of the solution of the continuity of tissues rendered necessary by surgical operation, is the aim of the successful operator. Other things being equal, the more nearly the surgeon can leave the field of operation as he found it—minus the thing that rendered surgical intervention necessary—the higher will be the measure of his success. If all severed tissues be brought into close and nice apposition; if all vacuums or dead spaces be ruled out, and if this be done securely and without sepsis, benign healing will occur, and what man has put asunder God will again join together.

Healing by first intention is nature's order and can be relied upon implicitly when the conditions have been complied with. Healing by second intention is nature's effort to make the best of a

\*Read at Marion, Ohio, before joint meeting of Miami Valley and Northwestern Ohio Homeopathic Medical Societies, November 23, 1899.

bad job. It is proof that the conditions have not been complied with and that nature is endeavoring to succeed in spite of difficulty.

It follows, then, that it is the surgeon's business to see to it that nature has a fair chance; that no obstacles to a complete and ready union be imposed; and that life-force shall be preserved to the utmost in the avoidance as far as possible of blood loss and waste of energy incident to prolonged operations. What is known as the finished technic, therefore, implies the most perfect freedom from septic contaminations attainable; the smallest degree of tissue division possible for the accomplishment of the work demanded; the least waste of vital force compatible with surgical dexterity and completeness, and the restoration of the anatomical relations so far as possible in the closure of all the wounds made during the operation. It is especially to that part of the technic employed in the closure of surgical wounds that I desire to draw your brief attention.

It was a measure of great advancement when mass-sutures and bunch-ligatures passed along; when Staffordshire knots and their like, and through and through sutures including all the tissues of the parietes in *cœliotomy* began to lose favor; when the extra-peritoneal treatment of the stump in ovarian and uterine surgery was discarded; and when the lesson was learned that post-operative hemorrhages, hernias and stitch abscesses were chargeable to the operator and not to the operation. It was evidence of great progress when surgeons began to appreciate the necessity of making special consideration of every severed tissue as if it alone were concerned in the operation. This ruled out all tissue-inclusion in the ligation of arteries, and the mal-apposition of bunch-work surgery, and made clear the recognition that fellow tissues had rights that surgeons were bound to respect. The lesson in the concrete was to the effect that the mucous membrane must be brought into contiguity again with the mucous membrane; that all wounded edges of the serosa must be apposed again—the serous to the serous; that all divided fascia required reunion—fellow to fellow—and that the closure of the skin-wound was an item by itself and not to be made a part of the deeper suturing. Instead of tying veins, nerves, muscle, fascia and peritoneum, in common with an artery-stump, it was found better to single out the one that pulsed, and to tie that. It was found to be unnecessary to pinch nerves and to strangle tissues in no way menacing, and especially to strangle them so thor-

oughly as to produce local death. Included ureters and necrosed stumps finally convinced surgeons that clamps were not surgical instruments, and whether new-fangled or old-fangled, should have little or no employment in the best work of the world. I refer with pride to the fact that with but one exception I have never made use of a retaining clamp, and while needle and thread are yet available as surgical implements I think I shall not find repetition necessary; for that surgery is a misnomer that necessitates necrosis of tissues.

In like manner all exposure of tissues to media to which they are unaccustomed should be avoided. All open treatment of wounds is to be deprecated. Inasmuch as all wounds are more or less contaminated, however rigid the technic, and inasmuch as nature has shown her ability to render innocuous a certain amount of sepsis, it becomes a question as to how often the drainage tube is necessary, and as to when the greater safety demand its non-use. The drainage tube is certainly finding less and less use as time goes on, experience proving that occasion for its use is ever more and more infrequent.

With a free use of sterilized water, or better, "normal salt solution," on intra-peritoneal wounds, and a one-to-five-thousand bichloride of mercury solution on all extra-peritoneal wounds, the instances are rare indeed when complete closure of the wound is not advisable.

I wish to emphasize the necessity of paying special attention to visceral wounds. Wherever there has been any solution of tissue-continuity of a viscus, apposition should be made as carefully as possible, care being taken always to avoid the use of needles with a cutting point. And the same is true concerning the peritoneum. It is more necessary to the success of surgery involving the peritoneum to have complete apposition of all its wounds than to have complete apposition of integumentary wounds; and good surgery is strictly regardless of both.

I think, too, that the day is past when punctures are allowable in the closure of the integumentary wounds—I mean the through and through suture instead of the subcutaneous. The stitch-hole abscess will not be averted while that method obtains and the scars incident to its use will ever remain to vex cosmetic sense. The ideal skin-closure has been reached in the longitudinal suture of sil-

ver wire introduced from side to side through the corium, running the entire length of the wound and requiring no tying or twisting. The apposition is complete; there is no strangulation; stitch-abscesses are impossible; needle scars are unheard of, and even the major scar is hardly perceptible. Other features in its favor are, first, that you can be certain that the suture will not absorb too quickly, leaving, in a few days, a gaping wound to heal by second intention; and second, that its removal is simplicity itself—the only step required being the severance of the wire near the skin at one end of the closure and the gentle pulling of the wire at its other extremity till it is freed from the body. The only thing requiring precaution is that your suture must always be in a straight line. If you have an angle or a curve in the line of incision then a second or a third wire may be called for to complete the closure. I mean that a different wire will be needed for each change in direction. Care, too, must be taken lest the wire “kink” between its insertions. All of which is necessary to the easy extraction of the wire at the last.

In this connection, also, I wish to commend the use of sterilized silver foil as the first application in the dressing of the wound, thus discarding all drug dressings such as iodoform, or boracic acid, etc., the outer layers of the dressing conforming to usage established. This makes the neatest, as well as the best, dressing I have so far made use of. A wound thus closed may be inquired after on the eighth or the twentieth day with the supreme confidence of finding most beautiful union without a suggestion of pus. The wire sutures proving in no way irritating, could be worn indefinitely without detriment.

Before ending this paper I wish to say a word about artery-closure and suture material. I think our technic has lagged more in the treatment of artery stumps than perhaps in any other particular. We have been very slow to adopt nature's method in stopping a spouting artery. Nature's provision is the blood-clot; while we go on applying clamps or heavy unabsorbable ligatures. All that is required of the surgeon is to favor the formation of the provisional blood-clot in the stump of the artery. If the artery be small a moment's compression with forceps or the finest ligature of catgut will suffice. If the artery be larger a number two catgut will hold it better than a silk or hemp cable. All that is required in any case is



blood-stoppage for a few hours at longest till nature has made her retractions of the arterial coats, and until the coagulum is in situ. One of the most beautiful and effective methods for artery-closure is the continuous suture—the over and over stitch—thus enveloping the bleeding end in the loop of the suture and affording all needed pressure. An abdominal hysterectomy can thus be done from start to finish without making a single tie and without a single fear of secondary hemorrhage. This I have verified scores of times and it is my finished technic on that point.

Of all suture material, catgut is easily the leader and its field is widening more and more. Having the prime requisite of absorption its desirability is apparent for most uses. Error is made in its preparation in making it too non-absorbable. Except for hernias, uterine and renal fixations and integument closures, catgut that will hold for five days answers every purpose. In case of hernia, hysteropexy and nephropexy, the kangaroo tendon is, in my opinion, preferable, while for closure of the integument the silver wire is always first. In intestinal and bladder surgery the silk ligature still maintains precedence, but question obtrudes whether eventually even in these situations it will not give way to catgut.

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## THE NERVE MECHANISM OF THE PELVIS AND ASSOCIATED REGIONS.

BYRON ROBINSON,\* B.S., M.D.

*(Continued from November Number.)*

The genito-crural and posterior branches of the lumbar nerves aid in furnishing motor power to the region below the umbilicus. The skin, muscles, and peritoneum of the abdomen are supplied by branches of the same trunks, so as to preserve harmony of motion and association of sensation, insuring visceral protection.

For example, if cold water be dashed against the belly, the skin sensation is transmitted to the spinal cord, and reflected to the abdominal muscles, causing an immediate rigidity, for the protection of adjacent and underlying viscera.

The harmony of the skin, muscles and peritoneum (viscera)

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explains how massage assists in curing constipation. For example, skin irritation on the abdomen is transmitted to the cord, whence (a) it is reflected to the abdominal muscles, producing action which aids in fecal expulsion; (b) the reflected force induces visceral peristalsis. This is motor. It appears also that the sensory condition of the skin is in harmony with the sensory condition of

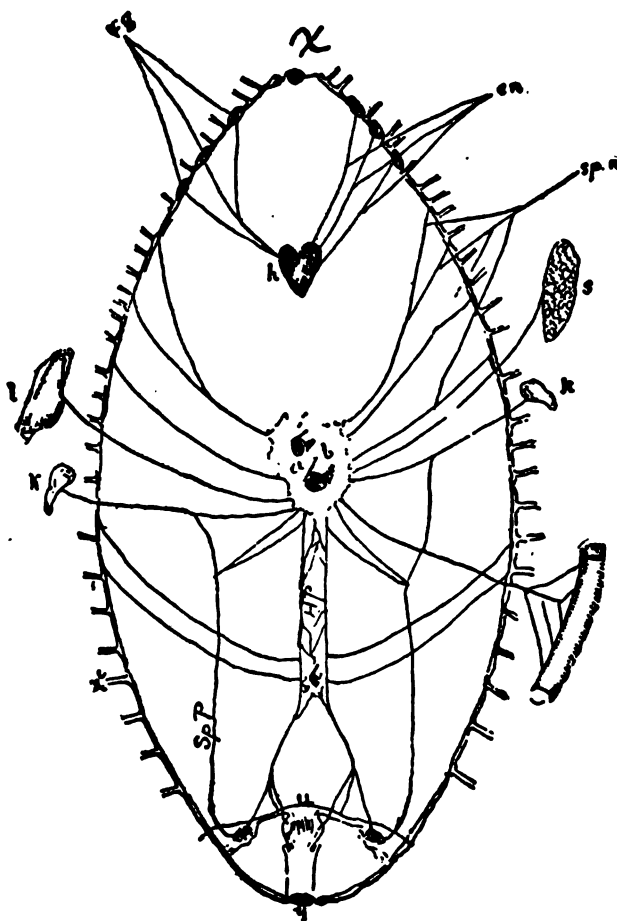


FIG. 6.—(Byron Robinson.)

A schematic drawing of the sympathetic nerve. (x) Ganglion of Ribes. (y) Coccygeal ganglion (impar.). (l.) Liver. (k.) Kidney. (s.) Spleen. (s. p. s.) (Spermatic) ovarian plexus. (i.) Intestine. (a. b.) Abdominal brain (center of reorganization). (s. p. n.) Splanchnic nerves. (c. n.) Cardiac nerves. (h. p.) Hypogastric (aortic) plexus (coming from three sources). (u.) Uterus, tubes and ovaries. (h.) Heart. (c. g.) The three cervical ganglia (secondary center of reorganization). The sides of the ellipse represent the lateral chain of the sympathetic. One nerve strand goes from the abdominal brain (a. b.) to each viscus to represent its plexus. Any irritation starting in any viscus will pass to the abdominal brain, where reorganization occurs, and the forces are redistributed over the plexuses to every viscus.

the underlying viscera. Diseased underlying abdominal viscera are apparently accompanied with correspondingly disturbed sensory cutaneous areas.

The genito-crural nerve supplies only one muscle, the round ligament, and finally supplies the labia. The periphery of any of the anterior divisions of the lumbar plexus (the ilio-hypogastric, ilio-inguinal, genito-crural and external cutaneous) may show disturbances of motion or sensation by inflammatory products, compressing any part of their trunks. In psoas abscess the genito-crural and the external cutaneous might show a disturbed periphery, as well as other branches of the lumbar plexus. The practical matters for the gynecologist to determine in the complicated nerve mechanism of the pelvis and associated relations, are: 1. Map out on the abdomen the areas of anesthesia and hyperesthesia. 2. Hyperesthesia of skin should not be mistaken for a diseased underlying viscus, as the ovary or kidney. 3. Areas of anesthesia and hyperesthesia may change from day to day. 4. Hysteria has certain stigmata, viz.: (a) anesthesia of the conjunctiva bulbi; (b) anesthesia of the mucosa of pharynx; (c) anesthesia or hyperesthesia of skin (especially of abdomen); (d) sudden paresis or exacerbation of muscle (knee, globus, tongue, knotting of belly muscles); (e) occasional mental phenomena, and (f) disturbance of special sense, as sudden blindness or excessive hearing. Some of these six stigmata must be present to diagnose hysteria. 5. Much of the hypogastric pain complained of by subjects is located in the skin of the inguinal and hypogastric region. This pain may be caused by sensory disturbances in the skin only, or by reflex disturbances from diseased genitals, through the anterior branches of the lumbar plexus. 6. Gynecologic patients complain of pain: (a) in the sacro-lumbar region from diseased genitals irritating the periphery of the sacro-lumbar nerves; (b) pain in the hypogastric and inguinal region from irritation of the genitals passing to the lumbar cord, whence it is reorganized and reflected on the anterior branch of the lumbar plexus; and (c) pain in the head through reflexes in diseased genitals. Perhaps the occipitalis major and minor constitute part of this nerve route. 7. The stomach is one of the chief organs to suffer reflexly from diseased genitals through the direct route of the hypogastric plexus, extending from the genitals to the abdominal brain, whence it is reorganized and sent to the stomach,

over the gastric plexus. The nerves which supply the internal pelvic viscera are located in general between the pelvic fascia and the peritoneum.

The cervix and vagina are mainly supplied by branches from

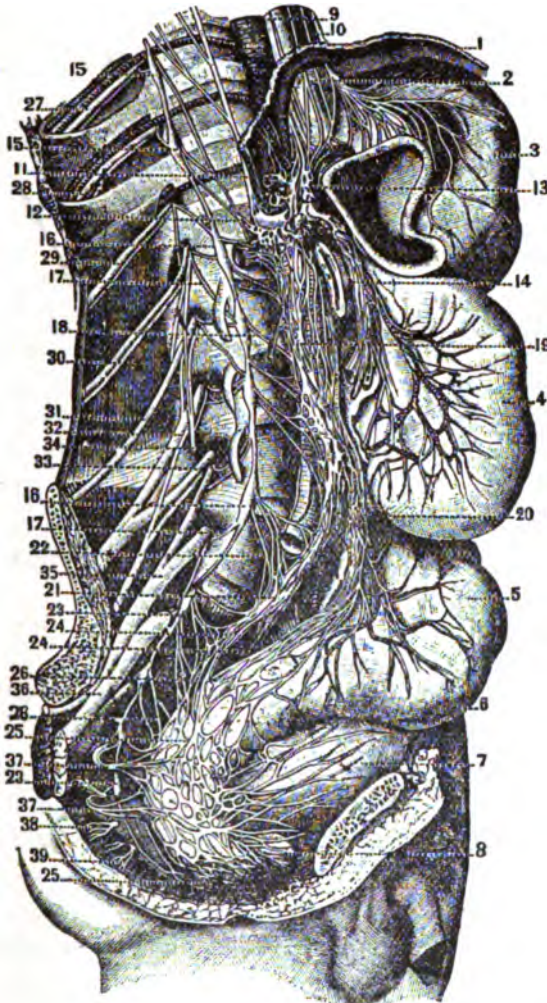


FIG. 7.—(Sappey.)

Lumbar and sacral portions of the sympathetic. (1) Cut edge of diaphragm. (2) Lower end of esophagus. (3) Left half of stomach. (4) Small intestine. (5) Sigmoid flexure of the colon. (6) Rectum. (7) Bladder. (8) Prostate. (9) Lower end of left vagus (10) Lower end of right vagus. (11) Solar plexus. (12) Lower end of great splanchnic nerve. (13) Lower end of lesser splanchnic nerve. (14, 14) Two last thoracic ganglia. (15, 15) The four lumbar ganglia. (16, 16, 17, 17) Branches from the lumbar ganglia. (18) Superior mesenteric plexus. (19, 21, 22, 23) Aortic lumbar plexus. (20) Inferior mesenteric plexus. (24, 24) Sacral portion of the sympathetic. (25, 25, 26, 26, 27, 27) Hypogastric plexus. (28, 29, 30) Tenth, eleventh and twelfth dorsal nerves. (31, 32, 33, 34, 35, 36, 37, 38, 39) Lumbar and sacral nerves.

the third and fourth sacral nerves. The vulva is supplied by the pudic, which is chiefly composed of the third sacral nerve. The pudic nerve passes out of the pelvis from the third sacral by the way of the large sacro-sciatic foramen, winds around the spine of the ischium, and re-enters the pelvis through the lesser sacro-sciatic foramen; it is thus removed from the dangers of the trauma due to labor. The nerve directly traumatized by labor is the obturator. When the child's head engages, the obturator muscles of the thighs act by closing and flexing them. The pudic nerve sends branches to the clitoris, to the vulva, to the perineum, and to the rectum. Practically the sacral plexus terminates in two branches, the pudic (genital) and sciatic (limb).

In teaching I have frequently represented the pudic nerve by the hand. For example, the arm represents the nerve itself, the thumb represents the great vesical nerve just before the pudic passes out of the pelvis; after the pudic has re-entered the pelvis and passed up along the ramus of the pubes, the index finger represents the branch to the clitoris, the middle finger the branch to the vulva, the ring finger the branch to the perineum, and the little finger the branch to the rectum. Thus the digits of the hand can vividly represent the branches of the pudic nerve.

It can also be remembered that the pudendal nerve, a branch of the small sciatic nerve, sends branches to the anus, perineum, vulva and clitoris, which unite with similar branches from the pudic to supply the same organs. There is a wonderful design in the union of the periphery of the pudendal and the pudic nerves.

The lesser sciatic nerve supplies but one muscle (gluteus maximus), and then gives off a branch, the pudendal, which directly supplies the external genitals and rectum. This arrangement of the nerve supply brings the gluteus maximus muscle and the skin of the genitals in direct relation. Irritation of the genitals will induce contraction of this muscle. Thus the gluteus maximus muscle must be considered (anatomically and physiologically) the muscle of coition. Observation of copulating animals will confirm this view.

The external genitals are supplied by the plexus pudendus. A small segment is supplied by the fifth sacral nerve through the plexus sacro-coccygeus. The chief nerves concerned in the supply of the external genitals are: 1. The medial hemorrhoidal nerve,

and (2) the inferior vesical nerve, which sends fibers to the base of the bladder and the urethra, to the vagina and middle portion of the rectum; 3. The internal pudic nerve, which follows the internal pudic artery and divides into (a) inferior hemorrhoidal, which

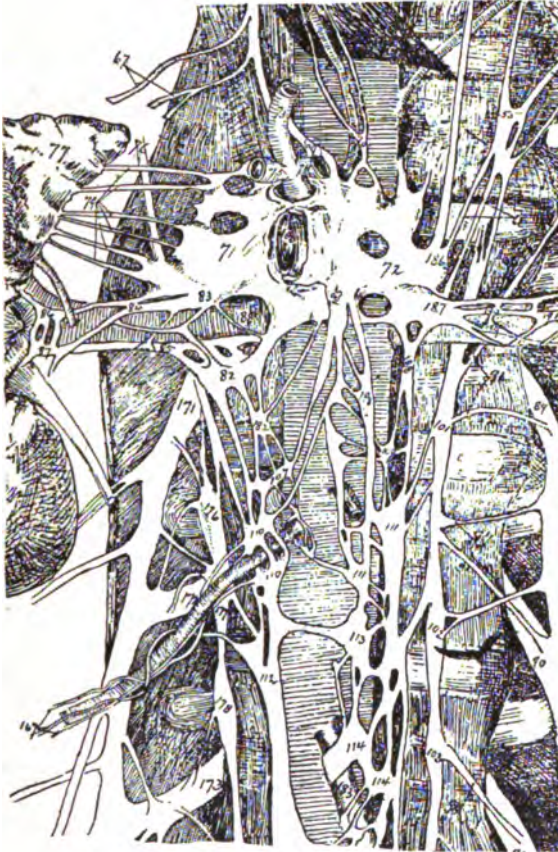


FIG. 8.—(From Byron Robinson's life-size chart of the sympathetic.)

Represents the abdominal brain and adjacent ganglia. (55) A ganglion of the dorsal lateral chain. (61) Splanchnic. (96 and 97) Rami communicantes. (67) Branches of right vagus to stomach. (69) Trunk of right vagus entering abdominal brain. (70) Phrenic nerve on phrenic artery. (71) Right abdominal brain. (72) Left abdominal brain. (73) Gastric artery. (74) Splenic artery. (75) Hepatic artery. (76) Right great splanchnic. (77) Ad-renal. (79) Supra-renal nerves (6). (82) Inferior renal ganglion. (83) Superior renal ganglion. (84, 85, 86 and 87) Ganglia on renal artery. (88) Renal artery. (89, 90 and 91) Lumbar nerves. (96, 97 and 98) Rami communicantes. (101, 102 and 108) Lumbar lateral chain of ganglia. (106) Superior mesenteric artery surrounded by the abdominal brain. (107, 108 and 109) Genital ganglia. (110 and 111) Genital ganglia (ovarian), as well as (112, 113 and 114) Genito-rectal ganglia. (167) Nerves around the ovarian artery. (171) First lumbar nerve. (172) Second. (173) Third. (176) First. (177) Second, and (178) Third lumbar ganglia. (182) Genital ganglion. (183) Inferior mesenteric artery. (185) Aortic branch of abdominal brain. (186) Ending of left great splanchnic in abdominal brain (187) Superior, and (188) inferior (left) renal ganglia. (189, 190 and 191) (left) Renal ganglia.

supplies the internal and external anal sphincters and the skin of the anus; (b) the perineal nerve, which supplies the skin on the perineum, the musculus transversus perinei, sphincter ani externus, sphincter vaginae, and also the labia majora and the vestibulum vaginae; (c) the dorsal nerve of the clitoris, which passes between the sphincter vaginae and ischio-cavernosus under the symphysis pubis to the proximal border of the clitoris, whence it sends numerous fine fibers to the skin as well as to the cavernous tissue.

#### THE SYMPATHETIC NERVES.

The sympathetic nerve consists of, viz: (a) ganglia (lateral chain); (b) conducting cords; (c) three ganglionic plexuses located in the chest (thoracic plexus), abdomen (abdominal brain), and pelvis (pelvic brain); and (d) automatic visceral ganglia. The conducting cords are not sheathed; they are non-medullated. The ganglia, composed of nerve cells, are little brains. They are reorganizing centers, receiving sensations and sending out motion. The abdominal and pelvic brains and the ganglionic plexuses are simply large brains or aggregations of nerve cells.

A summary of the abdominal brain is: (a), It presides over nutrition; (b) it controls circulation; (c) it controls gland secretion; (d) it presides over the organs of generation, and (e) it influences in a dominant way the automatic visceral ganglia. With nerve fibers radiating on blood and lymph vessels and to every abdominal viscus, it is no wonder that the abdominal brain has been considered the center of life.

An ideal nervous system should be a neuron and consist of first, a ganglion cell; second, a conducting cord, and, third, a periphery. The sympathetic nervous system possesses the neuron or three-nerve elements in an eminent degree. The abdominal brain represents the central ganglion cell. Its thousands of cords, distributing fibers, represent the conducting cord, while the various automatic visceral ganglia represent the periphery.

The sympathetic nerve supplies the uterus, oviducts, and ovaries, as they possess rhythm. Only viscera whose main nerve supply is sympathetic possess rhythm. The cervix is supplied by the spinal nerves, and does not possess rhythm to any marked degree.



The peritoneum is supplied chiefly by the sympathetic nerves. The main spinal nerves which supply the peritoneum are the peritoneal branches of the ilio-inguinal and ilio-hypogastric and lower intercostals. The sense of localization is yet unrecognized in the sympathetic, which preponderates in the peritoneum and tractus

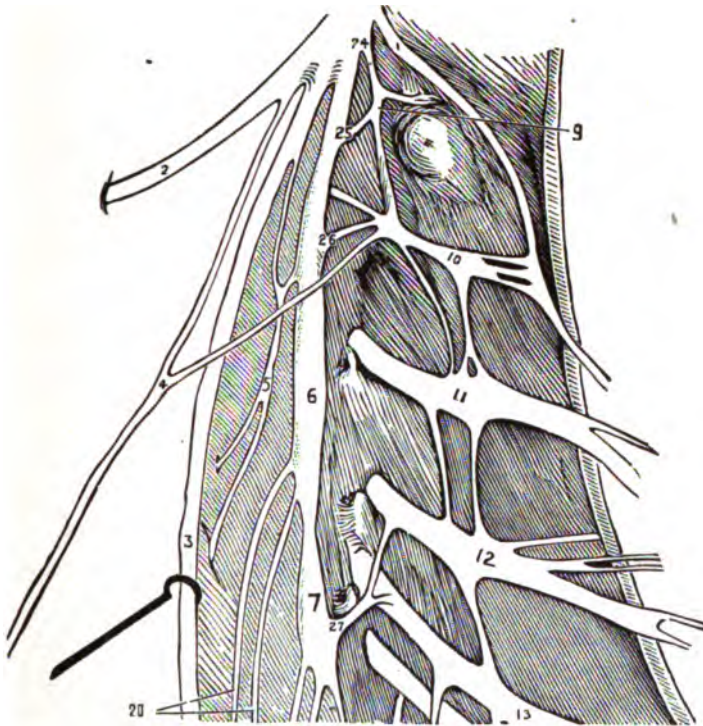


FIG. 9.—(Byron Robinson.)

From author's life-size chart of the sympathetic nerve. (6) Superior. (7) Inferior cervical ganglia. (9, 10, 11, 12, 13) Cervical nerves. (24, 25, 26, 27) Cervical rami communicantes. (8) Vagus nerves. (20) Superior cardiac nerves from superior cervical ganglion. (5) Laryngeal nerves. (4) Descendens noni. (3) Hypoglossal nerve.

intestinal, while the cerebro-spinal nerves are so much in the minority that they are uncertain in indicating localized areas.

The domain of the sympathetic nerve is beyond the control of the will, as the beating of the heart, uterine and intestinal contraction, erection of cavernous tissue and the systole and diastole of the bladder. Man cannot speculate on his sympathetic system.

The most interesting and delicate structure connected with the genitals is the nervous apparatus. This consists of cerebro-spinal



and sympathetic or non-medullated nerves. The uterus (body), oviducts and ovaries are chiefly supplied by the sympathetic nerves, while the vulva, vagina and cervix are mainly supplied by the cerebro-spinal nerves.

The hypogastric plexus originates in the abdominal brain (solar plexus), and passes down along the aorta. It is increased by branches from the lumbar ganglia of the lateral chain of the sympathetic. The combined strands of nerves now pass over the bifurcations of the aorta and sacral promontory, and divide into two large bundles, each of which passes under the peritoneum to the base of the broad ligament, where it reaches the side of the uterus and oviducts. Some strands pass to the rectum, but this organ is chiefly supplied by the nerves passing along the inferior mesenteric artery. The ovarian plexus consists of nerve strands derived from the hypogastric plexus and the ganglia in the lumbar lateral sympathetic chain, and the nerves passing along the ovarian artery. The ovarian plexus supplies the ovaries and the ampulla of the oviducts.

At the periphery of the hypogastric and ovarian plexuses are situated small ganglia along the walls of the oviducts and uterus, which I have designated "automatic menstrual ganglia." I have attempted to show that these ganglia rule the rhythm of menstruation.

The best method to demonstrate the nerves of the uterus I have found to be the placing of an infant cadaver in pure alcohol for several weeks, when the hypogastric plexus can be traced to its home on the body of the uterus as plainly as though it were composed of white cotton threads. The nerves in the infant are much larger in proportion to its size than in the adult.

Here will be presented a few remarks on the anatomy, physiology, and pathology of the sympathetic nerve, showing the principal points in gynecology relative to the abdominal and pelvic brains. They are the result of my investigations of the sympathetic nerve, which I have worked on during the last ten years. The claim is that the ganglia of the sympathetic nerve are little brains; i. e., they receive sensation, send out motion, and control secretion. They are trophic centers, and possess vaso-motor power. They are centers for reflex action, and are endowed with a peculiar quality called rhythm.

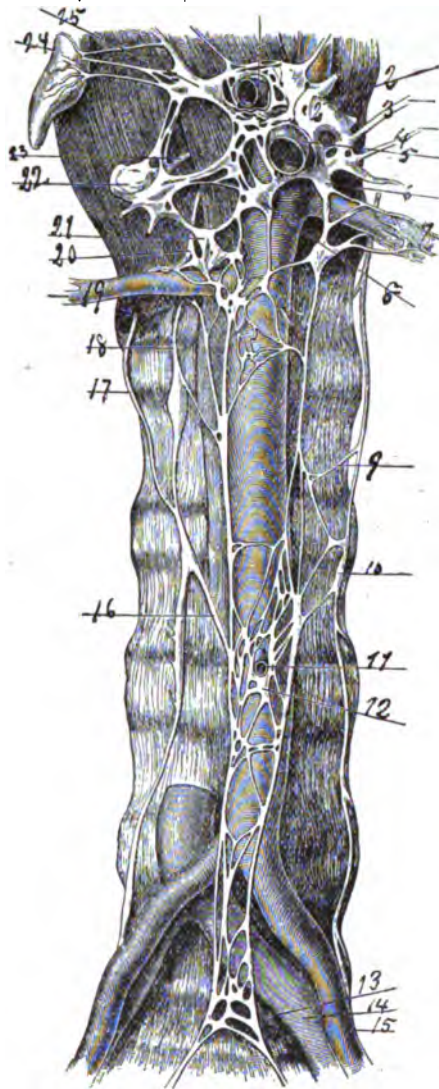


FIG. 10.—(Jacob Henle.)

Represents the abdominal brain, the lumbar lateral chain, the inferior mesenteric ganglion, and the hypogastric plexus. (2) Abdominal brain. (3) The great splanchnic. (4) Small splanchnic. (5) Superior mesenteric artery. (6) Renal ganglion. (7) Renal artery with its ganglionic plexus surrounding it. (8) Superior mesenteric ganglion. (9) Ramus communicans. (10) lumbar lateral chain. (11) Inferior mesenteric artery surrounded by its plexus. (12, 13) Sacro-iliac point. (14) Innominate vein. (15) Innominate artery to the right of which courses the hypogastric plexus. (16) Ramus communicans to inferior mesenteric ganglion. (17) Ramus communicans. (18) Lateral chain. (19) Right renal artery (20) Splanchnic minor. (21) Renal ganglion. (22) Splanchnic ganglion. (23) Splanchnic major. (24) Ad-renal. (25) Ganglion phrenicum.

The great reorganizing centers in the sympathetic nerves are the abdominal brain (solar plexus), the three cervical ganglia, pelvic brain, and the cervico-uterine ganglia. Reorganizing power of a less degree exists in the lateral chain of ganglia situated at the circumference of the elliptical-shaped sympathetic, and in the collateral ganglia in the chest, abdomen and pelvis, and also in the ganglia situated in every viscus which I have designated automatic visceral ganglia.

The sympathetic nerve consists of two lateral chains of ganglia, extending from the base of the skull to the coccyx. Situated anterior to these chains are collateral plexuses known as the cardiac, abdominal and pelvic. Besides these there exists in all the viscera small ganglia, automatic visceral ganglia,—for example, the automatic hepatic, cardiac, menstrual ganglia.

The distribution of the sympathetic nerve is (a) to vessels, (b) to glands, and (c) to viscera. It is connected with the cerebro-spinal nerves by the rami communicantes. Its independence of the cerebro-spinal axis is not yet fully settled; but children have been born at term with no cerebro-spinal axis. The part of the sympathetic that appears to be most independent of the cerebro-spinal axis is the cardiac, abdominal and pelvic plexuses (brains). I have kept the intestines of dogs in active peristaltic waves for nearly two hours after death, in a warm room, by tapping them with the scalpel.

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## CONSERVATIVE VS. RADICAL ORIFICIAL OPERATION.

E. N. CHANEY, M.D.

PASADENA, CAL.

"The highest aim of healing is the speedy, gentle, and permanent restitution of health or alleviation and obliteration of disease in its entire extent in the shortest, most reliable and safest manner, according to clearly intelligible reasons."—*Hahnemann.*

In previous papers we have referred to minor operations not requiring an anesthetic as primary. As its meaning is too limited, we have employed the word conservative. By this we would not infer that carelessness had been exhibited by any surgeon; but our aim is to show clearly that altogether too much unnecessary dilating, cutting, and other repair work is undertaken at one time.

Operations and anesthetics are thoroughly appreciated when there is a positive demand to ~~save~~ the life of the patient. Nevertheless, when we date a radical operation for every trifling case of pelvic irritation, it appears as if we had operations as a hobby. In discussing operative procedures, let us first examine the organs considered. The rectum contains two sphincter muscles, one about one-half inch above the opening of the bowel, and the other about one inch. These cause the mucous membrane as it emanates from the rectum to converge and corrugate, allowing the folds to lie parallel to the intestine. Dilate the muscles till the folds are stretched to a smooth surface and the bottom of the corrugations will assume the same appearance as the superficial portions of the wall. Then the first of the pathological conditions will manifest themselves in the form of adhesions and pockets. The ingesta supply irritating substances and corroding chemicals for the stools which denude and irritate the mucous membrane while passing the sphincters ani and O'Beirne. Their abraded walls will soon adhere and form, especially between the folds before mentioned, adhesions. As they receive age, they become firm and hardened, impinging all the nerve filaments within their grasp. This produces on the hampered nerves at first an over-sensitive condition and later they become dormant. When adhesions have taken place between two folds it forms a dam; and the sulci just above is called a pocket. The erosion that formed the adhesion will appear to be located in the bottom of the pocket. On touching it with a blunt hook or observing it through a speculum, you will find it possesses a sensitive condition and an inflamed appearance. From the latter it derives the name inflamed pocket. Frequently particles of foreign matter will lodge in these depressions, increasing the inflammation, then soon breaking down in suppuration, thereby forming ulcers, fissures, abscesses and fistulæ. When an erosion takes place, nerve filaments are exposed, leaving the sphincter muscles supplied by them in an irritable and over-constricted attitude, giving rise to an endless line of symptoms.

The contraction impedes the circulation in the veins and arteries, causing them to be distended at the point of least resistance, or where they lie near the surface of the muscles, thereby forming piles. The nutrition is perverted, giving rise to an eczematous or papulous eruption on the buttocks. Papillæ and catarrhal condi-

tions appear in the rectum. Prolapsus of the bowel and all conditions depending on a plethoric and congested state of this organ, we will consider while operating for piles. Papillæ with hardened apices, polypi of all varieties, and tumefactions will be regarded under amputation for polypus. Symptoms both local and reflex depend upon irritated or prostrated sympathetic nerves; either by their ends being eroded or pinched, the nerve trunk being impinged or pressed upon or the vitality of the nerve being wasted by an excessive continuous action of an involuntary muscle which it supplies.

To eradicate disease from our economy, the patient must be taken as a whole. Eliminate as much as possible mental worry, intemperate eating and drinking, excessive manual labor, poor hygienic surroundings, and dissipated habits. Study and differentiate the symptoms well and administer the indicated remedy.\* You no doubt have discovered frequently that most of our serious troubles have originated in the pelvic organs and orifices. These irritations have been transmitted by a large number of different nerves and ganglia to various portions of the body. As they are legion, we can but consider briefly a few common routes. The longest and the one that claims the greatest number of vital symptoms, is from the terminal nerves in the lower orifices to the lateral chains of the sacral and lumbar region on to the spinal cord to the brain. At certain points along this route connections are made with the kidneys, digestive organs, heart, lungs, eyes, ears, etc., and vasar motor nerves. The latter regulates the blood supply of our tissues.

Another important passage is from the pelvic orifices to the hypogastric plexus, and thence to the pneumogastric by the way of several other nerve centers, the principal ones being the solar, gastric and cardiac. The shortest connections made from these orifices are probably with each other and with the sacral plexus thereby involving the crural and sciatic nerves. For adhesions in the pelvic organs we will consider first the radical operation. The patient has been aseptically prepared, placed under an anesthetic and complete dilatation of the sphincters performed. Where quick and violent dilatation is resorted to, the adhesions, after parting a little way, will not open freely, consequently will tear in another

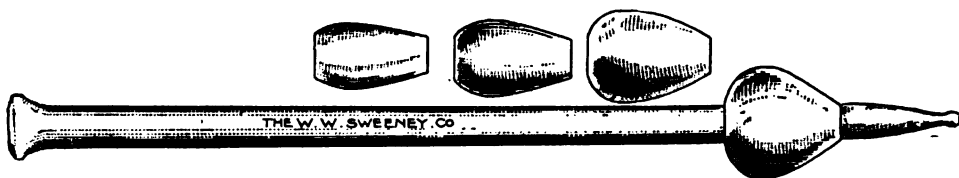
\*Hahnemann taught that "The bodily constitution (particularly if he has a chronic disease), the character of his mind and temperament, his social and domestic relations, his age and sexual functions, etc.," are to be taken into consideration.

portion of the bowel where the membrane is not coalesced. Pockets next come in order. The tenaculum or blunt hook is placed in the bottom of the fossa and hooked into the adhesions, elevated, and snipped off. This has produced free drainage for the sacculi horneri, and below it a buttonhole in the mucous membrane, to be filled with new tissue. Occasionally, the operation takes out the adhesion too near the opening of the bowel, and a denuded surface results which seldom heals without skin grafting. The sigmoidal adhesions will next receive attention. The Wales' bougies up to No. 12 are passed on adults, and the organ irrigated. The precautionary measures, operative procedures, and surgical dressings are the same for the sphincter of O'Beirne as for the anus.

Next in order is amputation of the foreskin, severing the frenum and slitting open the meatus. The latter should never be done, as the freed surfaces usually require years to be recovered with another mucous membrane. The glans penis is then freed from adhesions. The ends of the foreskin and mucous membrane are coapted and stitched. Dressings are made and renewed frequently until healed. In the female the vulva and vagina are cleared of irritating pedicles or tabs, and the urethra of caruncles. Repair the uterus, free the clitoris of adhesions, and amputate the hood if elongated. After such operations, the after care is of great importance. Simpler methods of operating in this line of work should be entertained more by the fraternity, developing better modes for removing abnormal conditions without inflicting other irregularities to take their place. Conservative procedures are now carried on successfully without the use of an anesthetic. It is our desire that the patient inform us just how much violence we are inflicting. The conservative way to remove adhesions is to use a dilator, having a smooth, hard surface, long point, well lubricated with vaseline, slightly carbolized. With this tear the adhered folds of mucous membrane apart, a little at a time, which will cause no pain. Lubricate the parts daily, and if sepsis exists in the form of ulcers, abscesses, fissures or fistulæ, flush out frequently with a weak solution of peroxide of hydrogen or any other antiseptic solution you prefer. Continue dilatation and surgical dressings until the orifice assumes its normal caliber. This will give free drainage to the pockets and allow the ulcerated condition to heal.

Dilatation of the sigmoid for the same purpose should be done

gradually and in successive treatments. Instead of using the larger sizes of Wales' bougies, we prefer a set of dilators that has been in use the past few months. They are made of aluminum, assume the shape of the belly to a Hubbell rectal dilator with handle and point amputated. This gives them an appearance of rings in four different sizes. They are used on a No. 5 Wales' bougie, and perform the sigmoidal dilatation with ease to the operator and practically no pain to the patient.



In using either rectal or sigmoidal dilators, have them extra warm and lubricated. Do not try to pass them with force, but have the patient relax the sphincters by taking a deep breath or straining down. Dilatation of the rectum may be resorted to every day, but in more sensitive cases at longer intervals. Sigmoid dilatation is more effective when occurring about once a week. Dilatation of meatus urinarius may be well accomplished by passing a few times the points of Pratt's uterine sounds heated and lubricated with vaseline. To dilate sphincter vesicæ and prostate gland, use Pratt's urethral sounds, lubricated with glycerine or mild soap lather. To shorten the long foreskin or to cure phimosis, dilate same with artery forceps by opening them within the walls of the prepuce.

If adhesions exist, sever them with a spud or probe and keep the irritated parts lubricated. For a shortened frenum distend every few days. With the above manipulations a large per cent of circumcision cases may be cured without radical operations. The same experience may also be found in relieving the clitoris. More time has been placed upon conservative repair work of the uterus than with the other organs, consequently we will slight it at this time. One point, however, might be considered and that is, in regard to virgins. In all cases of uterine congestion, with hardly an exception, the predisposing cause lies within the sigmoid immediately against the fundus of the uterus. The patient has had a history of suppressing the fecal evacuations to accommodate her

leisure time. This over-distends the sigmoid and causes repeated ineffectual endeavors of peristalsis, which has inflamed and lacerated the sphincter of O'Beirne, giving rise to the congestion which is imposed upon the uterus, bladder and pelvic viscera. Removing the rectal and sigmoidal lesions will eliminate the above mentioned uterine troubles.

From the above conditions of adhesions (rectal and sigmoidal) occurring in patients generally, the tissue emerges into a state of engorgement and congestion. A prostrated condition is inflicted upon the hepatic mesenteric and other organs of the digestive tract by the sphincters ani and O'Beirne, and also in the glans penis and clitoris, impinging the terminal nerve filaments of Auerbach's and Meissner's plexuses, the former caring for the peristaltic action of the canals and the latter regulating their mucous secretions. This allows the alimentary tract to become dormant, irritable or congested, resulting in constipation and diarrhea. As there are no valves supplied in the hepatic and mesenteric veins to assist in their circulatory functions as other veins of the body have, the blood pressure is augmented in the inferior hemorrhoidal, thereby giving two prominent exciting causes for piles, i. e., derangement of the digestive organs, and an excessive constriction of the sphincter ani.

You will observe that piles, thromboids and their kin, with a prolapsus of the bowel, also many cases of prolapsed uteri, appendicitis, hernia, and varicocele, depend on the impeded circulation. Therefore, restoring the blood vessels to activity is an important procedure. Conservative operation for this variety of pathology is as follows: Dilatation in the manner described for adhesions will remove the constriction of the sphincter ani and allow the blood to enter again into circulation. Then give the stomach a rest and administer the indicated remedy and these troubles will be quickly eliminated.

Radical work for disposing of piles and prolapsus ani is usually by amputation. The work is usually begun as for adhesions, followed by either crushing the pile tumor with forceps and cutting off with scissors or by opening the mucous membrane covering the pile and snipping out each of the distended veins which are shaped like grape seeds, there being about half a dozen in a pile the size of a pea. These two methods of extermination are by our



leading and most successful operators considered scientific and surgical, and when followed with continued dilatation, that the bowel may retain its normal calibre until the healing process is accomplished, they have been attended with good results.

But there are two methods resorted to for piles that should be listed as malpractice and eradicated from our annuals and surgeries. They are known as ligation and cauterization. Either form of work leaves the muscles and membranes scarred and roughened, which will impinge more on the nerve filaments than did the piles. Consequently the patient is liable to spend his or her remaining days with neuralgia and perhaps prematurely end life's work with a stroke of paralysis. The minor operative measures for polypus are about the same as for adhesions. Dilatation is essential and should be resorted to repeatedly and carefully until a spacious aperture is made wherein to apply instruments and local anesthetics. After the cocaine has been applied, snip off the offending tumors and insert an extra warm large dilator. This will relieve pain and prevent a hemorrhage to an extent that the patient will not realize that the dreaded work of excision has taken place. Should hemorrhage reappear, resort to the dilator. The radical work will be similar to that of piles—omitting the crushing and opening of the mucous membrane. Snip off the tumors close to the wall of the bowel and prevent pain or hemorrhage in the same manner as for conservative procedures. We have not included moles and warts in this list, as they are of a sycotic origin and should be cured by the indicated remedy or left alone.

In nearly every case where elimination by amputation has been resorted to, especially the latter, a new crop has been the result. There is one other class of patients we might refer to in regard to operative measures. That is when the orifices, especially the rectum, have been engorged and irritated many years to an extent that the sphincter muscles and their accompaniment of nerves and circulation are completely exhausted, and the patient realizes no local pain, but you will find that the symptoms still exist in the upper portion of the body, being manifested in the form of heart troubles, lung diseases, ailments of the liver, etc. The facts are that the sympathetic nerves can endure impingement but a certain length of time when their nutrition is impaired and the nerve trunk partially atrophies, leaving the portion of the body to which the nerves are

distributed to disorganize. If the enhanced nerve is then not relieved the result is an increasing condition of wasting away, until obliteration of the nerve takes place and restoration of the same is beyond control. The conservative method employs gentle dilatation to gradually restore the circulation to the sphincters and set again into action the atrophying nerves that are not obliterated. The tissues of the rectum are anemic and friable and will stretch but a little at a time, consequently complete dilatation at a radical operation would not be efficient in restoring the nerves as would several consecutive dilatations. In this class there is also more danger of severing the sphincter than in former ones. The debilitating shock of the anesthetic should not be overlooked.

One of the principal reasons causing us to prefer conservative treatments is that frequently the wounds of the patient are so sensitive after the radical work that they refuse to use a dilator or go to their physician for the after care and thereby allow the denuded surfaces to reunite and again form adhesions and fissures. Adhesions in the majority of cases involve simply the superficial layers of the mucous membrane, while a fissure includes all the layers of the mucous membrane and more or less of the muscular tissue.

For this reason, when pockets are snipped out and after care is not given and the incision made to penetrate the mucosa deeper than did the pocket, it involves the muscle, and a fissure is the result. In many of these patients their only relief is through an operation about every two years.

Again in well distinguished reflex ailments, such as asthma, palpitation or weakness of the heart's action, insomnia, etc., you have noticed no doubt in several cases after a radical operation that the complete absence of their symptoms had been limited to a few days or weeks, because the dilatation and other after care mentioned above had been neglected.

If radical orificial surgery depends so much upon the conservative care to finish its work, why not employ it in the majority of cases to begin and continue them to completion? It gives the patient a better chance to react and the physician an extended time to develop the indicated remedy. Nearly all pelologists will admit that they allow many of the smaller piles to go unnoticed while operating for the same. They claim that the single dilata-

tion is sufficient to render them obsolete. If such is the case several dilatations should cure the larger piles.

Although this paper has very briefly described the *modus operandi* for conservative and radical work, yet we hope it has presented a few thoughts that will cause us to employ conservative measures more generally in orificial work.

## THE RELATION OF TUBERCULOSIS TO FISTULA IN ANO AND THE SURGICAL TREATMENT OF THE LATTER.\*

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CINCINNATI.



Tuberculosis to-day is one of the most interesting diseases which claim the attention of the medical profession.

The discovery of the tubercle bacillus has thrown much light on the subject. It has aided materially in the treatment of all forms of tubercular affections. It has satisfied the investigators as to the origin of the disease; but a satisfactory lymph or drug for the destruction of the bacillus has not been found, so the investigations go on and the disease grows more interesting.

Fistula in ano is a frequent complication of tuberculosis, and a large proportion of the subjects of fistula are likewise tubercular.

Statistics show that from 4 to 6 per cent of all tubercular patients have fistula, and a much larger per cent of people who suffer from fistula have lung trouble, namely, 12 to 15 per cent.

Every fistula in ano is the result of an abscess; this abscess is caused from an injury within or without the bowel, or a tubercular degeneration of the tissue surrounding the rectum. This abscess may be located subcutaneously, submucously, or in the ischio-rectal fossæ. If the pus is permitted to be pent up any length of time, and then finally evacuated, the abscess disappears, leaving a chan-

\*Read before Southern Association at Asheville, N. C., October 19, 1899.

nel or sinus lined with a cartilaginous material, the so-called "pyogenic membrane."

"There are two varieties of tubercular fistula about the anus. One is caused by the local deposit of tubercle bacilli in the rectum, which break down, ulcerate, and finally terminate in abscess and fistula. The second variety consists of a simple fistula in a person very much debilitated as the result of a pre-existing lung trouble. In this variety there are no bacilli."

#### DIAGNOSIS.

The physical symptoms are such that we are able to diagnose between the tubercular varieties and the ordinary case of fistula. A microscopical examination, however, would be more positive. A patient with simple fistula and lung trouble is poor in flesh, weak and debilitated, while the patient with ordinary fistula is well nourished, robust, and seemingly in good health. When a patient is suffering from a fistula the result of a tubercular deposit about the rectum, there will be a marked difference in the local appearance of the parts, and in the general health. The patient is all run down, has a sallow complexion, may or may not have a cough. Examination shows the ischio-rectal fossæ to be sunken, due to the absorption of fat. The external opening of the fistula is enlarged, and triangular in shape. The edges of the skin have a blue appearance and droop down in the opening—the sinus is quite large, but not long. In the majority of cases the internal opening can be seen at the junction of the external and internal sphincter muscles. Thus we see there is quite a contrast in the physical appearances with tubercular fistula, compared with the ordinary fistula, as found in a robust subject, with its small opening, tight sphincter, and round buttock.

#### TREATMENT.

Considering that every fistula in ano is the result of an abscess, it will be no more than proper to mention the treatment for abscess, following with the treatment for fistula.

Too little attention is given the rectal abscess. Instead of looking to an early evacuation of the pus, it is common practice to let nature take its course or suggest the application of poultices until the abscess bursts. If the physician decides to open the abscess, he will most likely select the smallest knifeblade in his

case. Some physicians have been known to use a needle, simply puncturing the abscess. If rectal abscesses were properly treated, there would be fewer fistulæ; wherever there is pus it should be evacuated as soon as discovered. Early evacuation and proper drainage is the treatment for every abscess.

The patient should be told the nature of a rectal abscess, and the necessity of operating to overcome the evil results following the confinement of pus, also the use of an anesthetic to make the operation complete.

When the surgeon decides to operate, the bowels should be moved, the parts thoroughly cleansed with bichloride solution, and when the patient is well under the anesthetic make a free incision into the abscess, evacuate the pus, and clean the cavity with bichloride 1-5000; break down the partitions and bridges with the finger, and examine the cavity for an internal fistula. If there has been an early evacuation of pus, we need not expect to find a fistula. Cleanse the cavity once more, this time with peroxide of hydrogen, and pack it with iodoform gauze. Dilate fully the sphincters to prevent a spasm of these muscles, which would retard the healing of the abscesses if permitted. Put the patient to bed, change the dressing on the third day, and then every day until the parts are healed.

It has not been many years since we were advised by authors and teachers of surgery not to operate on persons suffering with fistula in ano who had lung trouble. We were led to believe the fistula would not heal, and if it did, the lung trouble would increase as the result of the arrest of the discharge. Such an idea is a thing of the past; with our present knowledge of the origin of tuberculosis, the sooner such a patient is operated on the better. It is a known fact that from a local point of infection, either in bone, muscle or tissue, a general infection can take place and result in death. If there is tuberculosis of a joint, the surgeon does not hesitate to resect it, or curette tuberculous tissue. If there is an abscess about the rectum or fistula in ano the result of tubercular degeneration, why not operate, looking to the prevention of general tuberculosis?

Persons with fistula and lung trouble have been operated on and cured of the fistula with great improvement to the lung

trouble. By arresting the destructive process induced by the fistula, give nature an opportunity to heal the lungs.

We would not think of operating on a person for fistula with acute phthisis, where there is great emaciation, constant cough, fever, night sweats, and hemorrhage, and after an examination we are convinced the patient can live, at best, but a few months. For these patients, we can simply dilate the fistulous opening, giving free drainage to the discharge and relieving pain.

We are justified in operating on all cases where the disease is of a chronic nature, complicated with fistula.

Before undergoing an operation, many of these cases will need treatment for their general health, in the way of tissue builders—cod liver oil and tonics, good nourishing food and plenty of fresh air and sunshine.

The operation for tubercular fistula should be done quickly to prevent the loss of blood—the patients are anemic and cannot afford to lose much blood.

If possible chloroform should be the anesthetic, because it is less irritating to the air passages, and causes less secretion of mucus. The sphincter muscles must be incised but once, and then at a right angle.

After the fistula has been laid open and curetted, the sinus should be irrigated and packed with iodoform gauze, the patient put to bed, and surrounded with hot water bottles. If shock is severe, give remedies or stimulants.

The after treatment in these cases is very important; the patient should not remain in bed any longer than is absolutely necessary—three to five days, perhaps—for fear the lung complication might be increased. They will need sunshine, fresh air, nourishing food, and all the treatment received preparatory for the operation.

# EDITORIAL DEPARTMENT.

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## SERIES OF IMPERSONATIONS.

### IMPERSONATION NO. 7—THE CONNECTIVE TISSUE MAN.

Ladies and Gentlemen:

Agreeable to the announcement of the skin man I am here for your entertainment on the present occasion.

In arranging a concert program you know it is customary to appoint the star performers for the intermediate and closing numbers, beginning the entertainment with the less pretentious performers, thus working the entertainment of the evening to a climax to render it more effective.

Well, whoever arranged the order of our speaking has given me one of the positions of honor, which I at first was a little modest about accepting. But in our family of forms we are all stars of the first magnitude and there are no greater or smaller among us, for each one is essential to the existence of every other, and so we consider ourselves upon equal footing so far as being essential to the make-up of the composite man is concerned.

In every large family it is quite common for the various members to divide themselves into small groups of two or more for the sake of close companionship and personal sympathy. For although brotherly love is supposed to be a common family tie, nevertheless natural affinities will assert themselves and each one will have his particular favorite or favorites in every family circle. Our family of human shapes is no exception to this rule. For instance, the bony man and the muscular man are almost always to be found in each other's company. The venous man and the arterial man are equally good friends, while the lymphatic man is so close and constant a companion as to render our vascular shapes a genuine trio of brotherly forms, each supplementing the other in the work and play of everyday life. The cerebro-spinal man and the sympathetic man, whom you have not yet had the pleasure of

greeting, constitute another congenial pair in our family circle, as do also the conscious and the unconscious man. These also you have yet to meet. The skin man, who has but recently addressed you, and the organic man, whose acquaintance you have yet to make, are rather eccentric members of our household, and although they are in close sympathy with all of our various bodily shapes, nevertheless have no particular members of the family that they prefer to chum with. As for myself, I too am a little eccentric in my personal attributes and have no favorites among my brother shapes, being equally interested and concerned in all of them. My position in the composite man is a very important one, as there is not one of our entire brotherhood of shapes in whose makeup I do not constitute an essential element. They call me the connective tissue man, and my name is well fitted to my character.

I am made up of tissue whose office is to bind the various physical shapes of our family into one symmetrical person, besides holding the various parts of every shape in such definite relations with every other part as to render it possible for any one of my brothers to assume and maintain the human form which alone entitles him to membership in our family. Thus do I constitute the great blending element of the body, serving to give each shape its human form and to bind all of the shapes into one symmetrical whole.

Much of my structure is sufficiently coarse to be easily discernible by the naked eye, but finer parts require the use of the microscope for their demonstration. As there is no part of the entire human body into whose composition I do not enter, you will readily observe that my form is a very perfect one, and perhaps more than any other of our family I stand as a complete representative of the human shape.

I presume I am expected on the present occasion to define for you my structure and the various uses I perform in the bodily economy. As to my structure, it differs very much in texture in different parts of the body, according to what is expected of me. But whatever form I take on I am always made up of what is known as white fibrous tissue. You know a common white thread can be made by skilled hands to manufacture articles which bear little resemblance to each other. It can be worked into various



forms of lace, it can be woven into cloth, it can be tied into nets, it can be used for the stitching of garments, it can be twisted into cords or ropes, or teased into fringes. The cloth woven from it can be made into garments, sewed into bags, spread out into canvas, cut up for tablecloths, napkins or towels, shaped into wearing apparel, and so on in endless variety. The little white threads of fibrous tissue which are characteristic of my personal structure, are equally facile in their accommodation to the uses of the human body. Sometimes my fibers lie stretched out in closely hugging fasciculi, so closely approximated as to leave scarce any space between them, and in such numbers as to constitute me a living rope, which the muscular man makes use of in various places for uniting himself to the bony man. Such ropes are called tendons, and by means of the tendons which I thus form for the accommodation of our family the muscular man can manipulate the bony man to his liking. The largest of these tendons is right back of the ankle, and serves to connect the calf of the leg to the heel, so that the body can be raised upon its toes as occasion may require. There is another large tendon which fastens the kneepan to the upper part of the shin bone, or tibia, and known as the ligamentum patellæ. This tendon is the one used in kicking. It might with propriety be called the football tendon. The cords which you can feel at the back of the knee, rounding upward upon the thigh, and known as hamstrings, are other examples of my tendonous make-up. More tendons can be felt at the elbow, and there is a large bundle of them in front of the wrists, the back of the wrists also being thickly seamed with them. I am rather proud of my tendons, for they are so strong and powerful that while they are in almost incessant demand in the various uses to which the body is put they are seldom off duty. Of course in extreme violence they are sometimes ruptured, and by accident or for surgical purposes they may be severed. But the rupturing of my tendons is very uncommon indeed. Muscle will tear and bones break as a rule before my tendons give way, such good material have I employed in their make-up and so carefully are they knit together. They are neither very sensitive nor very vascular, and yet if they are cut they will unite again and they can become inflamed and be a source of much pain and soreness. When inflammatory processes have once set in in my tendons it progresses very slowly. It

is hard to start and equally hard to stop. An inflamed tendon is a serious matter, because it takes so long for it to either get well or to slough away. My tendon product in the body is an extensive one, and is exhibited in a great variety of sizes, lengths and shapes. But enough has already been said to give you some conception of what my white fibrous tissue can do if just laid straight and bound together so as to form cords.

Sometimes my fibers instead of being bound into tendons are spread out into great flat sheets of white fibrous tissue, the course of the fibers being straight and parallel, as in the formation of tendons, and are then called aponeuroses. These are also at the disposition of the muscular man and are useful in aiding the purposes of the broad, flat muscles of the body. The best illustration of aponeuroses is found in connection with the broad, flat muscles of the abdomen.

In most of the garments woven out of my white fibrous tissue, however, the threads or fibrils cross and interlace in every conceivable direction instead of being laid straight, being closely knit, however, and by this arrangement form a substantial groundwork for the construction of the skin, mucous, serous, and synovial membranes, also the dura mater of the brain and spinal cord, or tough outer membrane which surrounds the brain and spinal cord, as well as the periosteum. By far the greater part of my texture, however, instead of being tightly woven as in the membranous structures, is put together very loosely so as to be characterized by a perfect maze of small-sized meshes.

On account of the numerous holes which are everywhere apparent, even to the naked eye, in this kind of a structure the tissue thus formed is commonly known as areolar tissue. The layers in the areolar tissue are very convenient as repositories of fat in the corpulent and of serum in the dropsical, also of air in emphysemic conditions. Did you know that you can take a poor, scrawny animal and by means of a hypodermic syringe pump this loose tissue, which everywhere underlies the skin and mucous membrane and dips down between the muscles and wraps the nerves and blood vessels, so full of air as to make it look fat and plump in every part? Did you also know that in dropsical conditions the water always settles to the dependent part, whether it be feet, hands, side, stomach or back, and that its position can be changed at any

time by changes in elevation? Well, it is these small holes in my areolar tissue that renders possible these various phenomena. These areolar spaces open into the lymphatic man, as he has already described to you, and in this way the contents of my areolar spaces may under proper conditions be absorbed and taken back into the circulation.

When the meshes of my areolar tissue are not distended by fat, or liquid of any kind, or gases, they do not stand open, but relax into a flat membrane which acts as a sort of a winding for the body as a whole and every part of it, my areolar tissue being so extensive as to be found almost everywhere throughout the body, both on its surface and its interior. There is not an organ in fact in the entire body whose framework is not constructed of the white fibrous tissue of which I consist. And when employed in this way for the construction of organs the arrangement of my fibers is known as trabeculæ. As this loose areolar tissue of mine serves to envelop the various parts of the body, both singly and en masse, it is called fascia, and you will find it consists, especially upon the surface of the body, in two layers, which are easily distinguished. The outer layer is called superficial fascia, and is recognized by the large areolar spaces which it everywhere exhibits. A little deeper down, however, where it acts as a closely fitting inner garment for the muscles, tendons, nerves, arteries, and organs, the meshes are not so large, and consequently are not so frequently employed as repositories for fats and liquids, it is called deep fascia. This deep fascia, however, which is the inner winding-sheet for almost every bodily structure, of course takes on different names according to the use made of it. The deep fascia occurs chiefly in places where it serves as a bandage for the muscles. When it is wrapped around nerves so as to form a coating for their safe transit to their destination it is known as neuralemma. When it bandages muscles it is known as perimysium. When it is wrapped about a bone it is called periosteum, and when it lines the cavities of bone it is called endosteum. When it surrounds tendons it is called a sheath. Wrapping for the kidney, which is constructed in the same manner while it is really nothing but deep fascia, takes the name of capsule. And so on to a greater extent than it is necessary to detail for the purposes of the present occasion.

Arteries could not be built, or nerves traced, or skin con-

structed, or the brain, spinal cord, liver, intestines, pancreas, glands, or any of the bodily organs could not retain their shape or be held in their position without making use of some type of my connective tissue. Of course my connective tissue cells vary in shape to accommodate themselves to the business in hand, whatever it happens to be, being sometimes long, sometimes square, and sometimes branched and otherwise curiously made up; but under all circumstances, whether as fascia, or membrane, or tendons, or aponeurosis, my fibers always retain their individuality. That is, they have in common these facts. They are developed from the same embryonic elements, they serve to support and connect all nervous, muscular, glandular, and vascular tissues.

The different varieties of fibrous tissue are interchangeable in different classes of animals, and in the embryo, and in growing normal and morbid conditions one form of fibrous tissue may be changed into another, and upon boiling they all yield like chemical products. When put through all these various tests it may surprise you somewhat to learn that what is known as bone and cartilage and the dentine of the teeth are but different types of connective tissue. I neglected to inform you also that while all that I have said thus far has to do with the coarser structures of the body much of my bodily surface is microscopic in its nature. You know, of course, that the ultimate subdivision of every part of our physical structure is cellular, and that all cells are provided not only with cell contents but also with a cell wall for its confinement. Now I claim the entire contract for furnishing all cell walls of the entire body wherever they are to be found, which of course is everywhere. It takes pretty fine work to manufacture these delicate goods, but I have not yet heard any complaint in my output. The little bags which I furnish for cell construction seem to do their work as well as the coarser wrappings which I supply for tissue and organs in the gross. But everywhere, under all circumstances, I connect, I sustain, I hold together, I envelop, I patch, I confine, I might be called the tissue paper of the body, which is entwined about the body as a whole, its various organs and structures, and even the cells themselves, out of which the various organs are formed. Hence while in various places I go by different names, as you see, I am everywhere and always known, under all circumstances, as connective tissue. I insure harmonious ac-

tion among the various parts of the body, prevent friction of one part upon another, bind together our entire congregation of bodily shapes; I am unifying, containing, sustaining and embracing in my propensities. If I stand for any sentiment in the bodily make-up it is that of brotherly love, for without me no organ could be formed, no composite man could be constructed. There could be no eye to see, no ear to hear, no organ of any kind to sense or to function. This physical existence would be an impossibility, for the various substances of which the body is composed would have nothing to shape or contain them. I feel my importance, and would no doubt be inflated with conceit if the deep sense of my responsible position did not serve to completely counteract my natural tendency to egotism.

Liquids and gases leak through my meshes, but I hold my grip on solids, and it is impossible for these to escape my embrace except through a state of solution, and whatever change in bodily structures is accomplished must be secured by the process known as osmosis, that is, the transudation of fluids and gases through the pores of the various fabrics which I furnish for bodily purposes.

Having a decided tendency to porosity in my make-up, it is quite possible that you may in your minds give me a more or less spongy character, and for fear that by sapping up after the manner of a sponge too much of your time I will prove the correctness of your fancy, I will bid you good day. I thank you for your kind attention, and promise you as a reward for your patience our most fascinating entertainer in the person of my brother shape known as the cerebro-spinal man, whose story cannot fail to command your profound respect and attention, and is best told by himself. The cerebro-spinal man will be the next one of our family of shapes to present his autobiography.

Moved to gratitude by your kindly bearing, I respectfully bid you good day. But do not forget in your conceptions of the composite man the entwining characteristics of the connective tissue shape.

E. H. PRATT.

# CLIPPINGS AND COMMENTS.

C. A. WEIRICK, M.D.

CHICAGO.

81. PHYSICIAN AS TEACHER OF HYGIENE.—Dr. Edward Jackson, of Denver, Colo., in the *Bulletin of the American Academy of Medicine*, says:

The teaching of hygiene has been both deficient in amount and one-sided. From the standpoint of racial health and vigor, of what avail is it to save from cholera infantum and diphtheria merely to swell the number of cripples, consumptives, and the insane? How insufficient to improve the street paving and the sewage system, for men and women who work with the needle sixteen or eighteen hours a day and live on bread and tea, at one end of the social scale; or who do not work at all and live on the thousand stimulants of diet and amusement, at the other end. The lessons of disease clearly caused by transgression of hygienic law in palace or tenement house, paraded day by day before the medical profession, need to be taught with all the emphasis and persistence of which we are capable, to the race, in the survival or extermination of which the continuance of our own blood and thought are inevitably involved.

In view of this it is not a cause for pride that the teaching of physiology and hygiene was fixed in the public school system of many of our states, not by the medical profession for good reasons that it might so clearly see, but as a basis or cover for the teaching of certain extreme views regarding the action and dangers of alcohol and other narcotics. But whatever our neglect in the past, much remains to be done to improve that teaching and give it greater practical value. Even from the standpoint of those who simply wage a crusade against the use of alcoholic beverages, the perfunctory going over the subject with a text-book to comply with the law is greatly inferior to broader teaching that would awaken the interest of the scholar in all the healthy workings of the human body. And the careful elimination of false or destroying statements must, in the end, develop a better appreciation of the truth about the dangers of narcotics, which is somber enough without any exaggeration.

In spite of the intemperate activity of "temperance" workers there remains great need for doctors to teach the truth about drug habits, and the effects of self-drugging, whether practiced by the aid of the hypodermic needle, the beer glass, or the proprietary medicine.

School, business and intemperate gratification of physical desires are the sources of much ill health. In the schools there is too much forced mind growth, a kind of hothouse variety, prematurely developed out of season, not having stability enough to go on expanding after reaching adult age. Overworking the brain during the period of childhood and youth stunts it just as much as it does to overwork the body at these periods. If children were overtaxed as much with physical labor as are many children overburdened with school work, the community would protest in

a way that would be heeded. More and more work is crowded into the school period of life. It is not surprising that out from the schools on graduating day come many tired, overworked, neurotic young people, they in turn to transmit to their progeny constitutions so weak that they are readily susceptible to every exciting cause of disease to which they are subjected.

Over care of children is just as harmful as too little care. The sin of commission in the care of many children is as bad as the sin of omission. An example comes to our mind of a child who for two or three winters was kept in the house nearly all the time; of course she was languid and sickly. The plan was finally adopted of sending her outdoors daily except when the weather was very inclement. The result was a great improvement in her health. Between the hours spent in the schoolroom and in the home, at least during the winter months, the youth is too much indoors. Animal life requires that a large portion of its time be spent in the sunshine to insure the attainment of its greatest vigor. It should not be a question of who can pass the best examinations at the close of school life, but who will have the most common sense and best judgment with physical strength to execute it at the age of forty or fifty. The man who would spend all the money he could afford for an entire building in constructing the foundation, thereby having nothing left for the superstructure, would be less foolish than parents, teachers, and school boards who exhaust the vital resources of the individual during the first twenty years of his life.

There is danger of overdoing the medical business in the schools. We attended a meeting made up almost wholly of doctors. The question, among others, of how to maintain the health of the children in schools was discussed. One physician advocated that the eyes of all pupils be examined by an expert, another that the nose, and a third that the thoracic organs be examined. Upon inquiry, I found that the three gentlemen were specialists, one of the eyes, another of the nose and throat, and a third of the chest. I think there was but one other specialist who spoke on the question. He gives special attention to obstetrics, but there was nothing in his line that he advised for adoption in the schools. We think, however, had he advised parents to use good "horse sense," to coöperate with the teachers by conducting a manual training school at home and placing them (the children) under a dietetic régime of milk, bread, meat, and potatoes, with plenty of water, inside and out, fresh air and "early to bed and early to rise," they would maintain and develop their physical and mental beings to a much higher degree than had they lenses for their eyes, an atomizer for their nostrils, and a vaporizer for the lungs, which would sooner or later develop in a large per cent of them a sort of mental dyspepsia, causing them to imagine that it is always a

little too hot or too cold or too wet or too dry, or that the room in which they are contains foul air or that there is too much draft, always imagining they are in danger of getting sick. We believe the following a good hygienic rule for children between the ages of 2 and 14 to practice: Be clean in the morning and dirty in the evening. This rule might be doubly effective were the evening condition attended with a tear in the clothes, made by sliding down a banister, climbing trees, or by some other equally vigorous physical exercise.

Too many children are picked up when they fall down. Whether they fall when toddling around soon after learning to walk, or over their lessons or in a scrimmage with their fellows, they gain all kinds of strength by getting up without assistance. Strength of character is a prophylactic. It prevents despondency, worry, and excesses of all kinds, such as physical, business, social, and gastronomical. Making a hospital of a school does not develop it. Occasionally one may suffer for a short time if all the medical examinations be omitted, but the greatest good to the greatest number will result from simpler and more practical methods.

Dr. Jackson has wisely called attention to the fact that there are those who work eighteen hours per day and then subsist on insufficient food. Invalidism, of course, must follow. That it is a necessity for some to so work and live is unfortunate, and a blot on civilization, but it is a question for statesmen to devise means to prevent that condition, and for humanitarian hearts to carry them out. We reiterate the statement made in these columns that it is not so much overwork of a legitimate character done by business men that destroys their health as worry. If that class of men would not worry their work would not be such a mental strain that few men could not safely endure.

Intemperate gratification of desires for alcoholic beverages, tobacco, stimulating food, and excitement is so universally common that it is all around us and in us, that its eradication appears like a hopeless task, to be undertaken only by fanatics. As the value of air and water is not appreciated because they are so common, so the harm done by the above mentioned excesses is not realized, because it forms part of our constant environment.

82. The *Therapist* gives an interesting clinical article from Dr. Cipriani, of Sardinia, on "Eunatrol in Hepatic Complaints." Two cases reported were severe. One was subject to attacks of bilious colic for two years. He was treated seven days. No return of the colic at time of report, nine months after treatment. The other case was diagnosed as obstruction of gall duct. Patient had malaria for years, and two months preceding treatment became jaundiced, with the usual condition of bowels and urine. He was



greatly annoyed with prurigo. In six days he was cured with eunatrol.

83. Dr. E. S. Bailey, in the *Clinique*, writes favorably of the use of thyroid extract, ten to fifteen grains daily, in relieving pain of mammary cancer, and in inoperable uterine cancer. He also states that in obesity one grain of thyroid extract given three times a day, gradually increasing to a maximum of nine grains daily, seems to be attended with rapid loss of flesh without unpleasant results.

84. From one of the journals we took the following: For prurigo a Pravaz syringeful of 1 per cent solution carbolic acid has been injected daily with good results, especially favorable in allaying the itching. No long-continued treatment of this kind can be endured.

85. Dr. Avery, of Vassar, Mich., has found that fissure of the nipples is rapidly cured by washing out the uterus. We think this treatment original with the doctor and one of the methods of treating that painful and sometimes, under other methods of treatment, very intractable condition. The use of nipple shields will enable some fissures to heal, others are cured by the use of compound tincture of benzoin, and others by ichthyol. We were told by the mother of one patient having a very painful fissure, that butternut oil locally applied is a sure cure. It rapidly cured that one case.

86. **BETTER FOOD AND FEWER STUDIES.**—An examination at the Chicago Normal School, made by the physical culture instructor, reveals the fact that out of 300 young women students there are only sixty-seven who are in perfect health and 233 who are not in good physical condition. Some of the latter, in fact, are reported to be suffering from disabilities that seriously impair their work and render it difficult for them to attain satisfactory standards of efficiency.

While these disclosures are somewhat startling to the public, they were not unexpected by those who are familiar with the conditions that prevail in the public schools and who know the strenuous nature of the struggle of most young women who are fitting themselves for the vocation of teaching. The school authorities may exhaust every resource to supply healthful sanitary conditions, to furnish good air, plenty of light and perfect ventilation, but they have no control in matters of dietary, exercise and outdoor relaxation. They cannot govern the habits and home life of students. Superintendent Andrews cannot arrange a system of dietetics, based upon scientific adaptation to the requirements of students, and compel any adherence to its provisions. He cannot lift the lid from the cold "noon lunch," which is usually unhygienic, selected with no regard for its adaptability to the work of the student, and, in fact, is generally indigestible and injurious.

The public mind is not yet prepared for the addition of culinary departments to the public schools, but when it gradually comes to recognize the close relationship between food and brain power and becomes impressed with the fact that cold, indigestible midday lunches bring about a physical condition that is not favorable to the best mental endeavor, it will be ready to concede the wisdom of some arrangement for providing students with wholesome, nourishing food. The value of proper food for those engaged in a particular line of endeavor is recognized in many industrial institutions all over the land, where employees are supplied with warm midday meals that

are adapted to their physical and mental needs. The schools are behind the factories in this matter.

Better food, fewer studies, more outdoor relaxation and indoor diversion will solve the problem of physical deterioration in the public schools.—*Editorial in Times-Herald, Dec. 10, 1899.*

Seventy-seven and two-thirds per cent out of 300 young women in a school for teachers having impaired health is a serious condition. A large per cent of those normal pupils come from the public schools that are designed to fit them for the active work of life and yet on the threshold of adult life they are ill, not with acute ailments but with those chronic conditions which indicate a lack of recuperative power to restore the health, and insidiously lessen vitality. In a short time these people will have to struggle not to progress but to retain what they have, and even that will be impossible. A rugged, illiterate "horse sense" individual like David Harum is incomparable with an individual whose judgment and originality of thought are crowded out by trying to cram other people's brains into him. Success of a school is not so much in fitting people to try to use other people's brains as to develop the physical and mental strength of the individual that he may use his own brain.

87. ON THE USEFULNESS OF METHODICAL IRRIGATION OF THE INTESTINE, AS AN ESSENTIAL FACTOR IN THE TREATMENT OF HABITUAL CONSTIPATION.—Schellong (*Therapeutische Monatshefte*, 1898, xi., 621) states that in all recent treatises on intestinal affections we find it directly stated that purgatives should be avoided as much as possible in the treatment of habitual constipation, and that physical methods of cure are to be employed by preference. Schellong has attempted for the last eight years to treat all cases of habitual constipation by methodic intestinal injections, and was in most cases able, with only a few exceptions, to accomplish his object in four to six weeks.

The patient is instructed to inject exactly at the same time every morning, either on arising, or, better still, after breakfast, one-quarter litre of water of the temperature of the room, by means of an English rectal tube, while lying on the left side with knees well drawn up. The water should be allowed to flow slowly into the rectum from a slight height, and the tube should be passed as far as possible into the intestine. As soon as a desire for stool comes on the injection should be stopped for a second. After removal of the tube, the water should be retained for a short time. No purgative is to be used during this whole period of treatment. The patient should not have a stool at any other time of the day, but should endeavor to retain it if a desire to defecate occurs in the interval. The following diet is also prescribed: In the morning strong coffee, with little bread and some honey, always using rye or Graham bread; vegetables should be taken quite freely; outside of this the diet should be mixed; before retiring, six plums should be eaten. Tea should be avoided. A brisk walk should be taken daily. Children should have their fluids cut off in proportion.

Should no stool have occurred after a week, which is rare, the following modification of the irrigation process is to be employed; first, an irrigation with warm water ( $\frac{1}{2}$  to 1 litre) should be made, to soften any hardened feces. The water is allowed to flow in slowly, with the assistance of another person, and allowed again to return by lowering the irrigator, and this is to be repeated ten to fifteen minutes, until the returning water shows a distinct admixture of fecal matter. The warm water is then, as much as possible, siphoned off, thrown away, and a glass of cold water is poured slowly into the irrigator, whose rectal tube has been removed; this produces a strong counterirritation, which is usually followed by a copious stool. Should the stool be insufficient at first, the same procedure may be repeated on the following day.

In our judgment no small factor in this treatment for constipation is regularity in going to stool. It is doubtful if many cases of chronic constipation can be cured unless the patient will persevere in forming the habit of trying to defecate at the same hour daily. Were we limited to the use of one recommendation in the treatment of this condition it would be regularity. Perhaps no other one cause produces so many cases of constipation as irregular evacuation of bowels. It will avail nothing to hurry through the effort to evacuate the bowels. To hurry into the lavatory and occupy the seat but a few seconds is useless. Ten minutes at least should be occupied in making gentle efforts to expel the feces, alternate efforts at expulsion and relaxation should be practiced. Selenium 3x has helped us in a greater number of cases than any other one remedy; next comes hydrastis tincture.

88. Dr. Pritchard, of Los Angeles, who is spending a month in Chicago, reports a case of diarrhea in a child aged 18 months. The child had been ill two weeks and the attending physician said at the expiration of that time it could not survive. Dr. P. treated it two days with medicine without benefit. The foreskin was elongated and adherent to the glans penis. His opinion was that circumcision was the only measure that offered any hope of recovery. He operated. One hour after the operation the child went to sleep and slept eight consecutive hours. The child's condition was such that it was deemed unwise to give an anesthetic. Previous to operation stools occurred once an hour; after operation the improvement was very rapid.

89. The *American Homeopathist* states that Friedrich Koelbl reports 117 cases of acute articular rheumatism successfully treated by local applications of ichthyol solution made of 50 parts ichthyol, 20 parts glycerine, and 30 parts water, or equal parts ichthyol and water; cover part with bandages moistened with solution; then apply heat, at first every ten minutes, then lengthen to half an hour. After three hours renew the lotion, but discontinue the heat.

90. Twenty-eight gynecological operations were performed on seventeen insane patients at the Eastern Michigan Asylum with the following results: Four recovered, three improved mentally, and ten remained unchanged; that is, over 23 per cent recovered, 17 per cent improved, and none were aggravated.

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## OSTEOPATHY.\*

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I have been requested by some members of this institute to give a paper on Osteopathy. Now I believe we can always say something about a subject of which we know something, and so I have a little to say to you this morning.

Only a few years ago I pronounced osteopathy a fad; massage under another name; Swedish movement cure; an absurd system of medicine which would soon vanish. But osteopathy did not vanish, and, believe me, it has come to stay. It is now a recognized and established system of medicine, accomplishing its work so quietly, so simply, that it seems magical. It is based entirely upon nature, and its success must ever be in proportion to the understanding on the part of the demonstrator or operator of those harmonious relations which maintain in health, and which, when disturbed or interrupted, may be what we call disease. The half of what this means has never been fathomed by any school of medicine, but it has been left for the school called osteopathy to go further in demonstrating in this direction, and a whole world of wealth

\*Read at Minnesota Homeopathic State Society, Minneapolis, May. 1899.

in unexplored wonders of nerve forces and impulses is still before us. There is not a disease flesh is heir to but represents a disturbance of blood circulation and of nerve impulse. It is either the result of stimulation or depression direct or indirect. This is not a new idea, but we have ever been trying to reach the difficulty with drugs, and not until the coming of our grand school of homeopathy did we make any scientific advance in this direction.

Now, what is osteopathy doing? Let us see. She is seeking to discern the nerve brains, the centers from which impulses come, and through them direct, or through vibrations communicated externally, but in the neighborhood of such centers, to increase or diminish, as the needs may be, the circulation of blood and communication of nerve forces, aiding by additional massage the flow of blood and forces through muscles. A patient has cold feet. You administer some drug having this for one of its characteristics. You do not hesitate, however, to have the feet rubbed or bathed to aid in better circulation; so with us, we arrest the flow of blood to the femoral artery by pressure, knowing that the heart will send it bounding with new and better force through the limbs to the tips of the toes, because of the temporary arrest, but we also give full treatment to the entire limb to secure more permanence to the improved impulse.

I read in a quiz compend that the most common causes of albuminuria are cold, scarlet fever and intemperance. Now what do we find in these conditions but disturbed circulation? Can we cure albuminuria? Yes. Just as fast, more safely, than it can possibly be cured with medicine. All cases? No. Why? Because some organic changes have taken place too great to be repaired by the life forces left in the system. Experience in osteopathy does not differ in this respect from the practice of other schools, save that a greater number can be rescued because a great many in the so-called old school cannot receive drug treatment, the system resenting it.

In osteopathy we feed the patient and then stimulate the nerve forces to digest the food and to take up nutrition. We can at once remove the stimulus and give entire and absolute rest. We are asked how it is possible to produce so many dislocations as we seem to find. I am just recovering from a severe cold; the paroxysms of coughing have been frightful. I am sure they have been severe enough to dislocate ribs and vertebræ and, giving certain muscles

the balance of power to contract, will be quite sufficient to maintain the dislocation. What is a dislocation? It is any degree of misplacement. If I have a cold and during the days of coughing I start a partial dislocation of ribs and vertebræ in the region of the splanchnic nerve, and the contracting muscles maintain the balance of power, what may take place later from this contraction and dislocation? Why, it is stomach difficulties. The nerves are pressed upon by the disturbed bones and by the contracted muscles.

These results seem impossible to one who has never examined a patient with the eye of an osteopath. Let me call to memory the story of a hunter and a missionary who had both returned from India, and both attended an evening entertainment where each was relating his experience, and each doubting the other's story. "Why," said the hunter, "I was in India twenty years and I never saw a Christian convert all the time I was there." "Well," said the missionary, "I have been in India twenty years, and I never saw a tiger during the entire time." They each found what they were looking for.

So, my friends, begin and examine patients for dislocations, and you will be surprised. Then consider what these dislocations may do or produce when we think what a delicate thing circulation and nerve impulse is. See where these imprisoned arteries, nerves, and veins go, or see what point at a distance they may affect through impulse to the sympathetic system, remembering that all through our bodies there are undoubtedly nerve centers and points of control or governors, as in machinery, but many still overlooked. Apply the mechanical remedy through that wonderful organ, the human hand, and behold, you are an osteopath.

How many points there may be in this wonderful body where stimulation of a nerve may be influenced by the impulse of the blood within an artery resting by its side, as the carotid artery, for instance, and the pneumogastric nerve. To the osteopath there is no part of the body with which we may with impunity dispense. Even the poor appendix is cherished and protected by a good osteopath.

Do we dispense with surgery more than other schools? We are curing without electricity or drugs or other aids but pure osteopathic treatment, tumors and foreign growth and local diseased conditions. The Schott movements to which reference is made in the

*North American Journal of Homeopathy* of September, 1897, in an article by Dr. Wm. Tod Helmuth, undoubtedly involves the same principles as held by osteopaths. What is the result of these treatments given for cardiac difficulty? We quote: "The results in fact are such as would scarcely be believed by any but an eye-witness. It is by no means uncommon in cases of dilatation to see within one hour the oblique long diameter of the heart's area of dullness diminish by from three-quarters of an inch to an inch and a quarter, and perhaps more surprising still to observe a diminution by as many as two inches in the vertical measurement of a liver which at first extended to the umbilical level. He says, "Through the kindness of Dr. Schott, I have been enabled to see some Roëntgen ray photographs taken by him of dilated hearts, and am astonished at the diminution of diameter in the oblique direction, and the alteration in location of the apex beat after a series or even a single exercise."

What then is osteopathy? A legal definition would be, "A system, method or science of healing." We say historically it was discovered by Dr. Andrew Still, of Baldwin, Kansas. This is true for general acceptance, but we must remember that no discoveries or applications of principles have their entire conception and birth in one brain, but represent an aggregate of brain force perhaps for centuries. I quote Dr. Pressly for a technical definition: "Osteopathy is the science which consists of such exact, exhaustive and verifiable knowledge of the structure and function of the human mechanism, anatomical, physiological and psychological, including the chemistry and physics of its known elements, as had made discoverable certain organic laws and remedial resources within the body itself, by which nature, under the scientific treatment peculiar to osteopathic practice, apart from all ordinary methods of extraneous, artificial or medicinal stimulation, and in harmonious accord with its own mechanical principles, molecular activities and metabolic processes, may recover from displacements, disorganizations, derangements and consequent disease, and regain its normal equilibrium of form and function in health and strength."

For a little further explanation: Along the spine are located the different ganglia or nerve centers which reach out into every portion of the body and control every function of life. The spinal column is a vast conduit through which the nerves run in comparative safety from exterior molestation. At certain intervals these

nerves branch out and run to their stations like the wires of the telephone system. It has taken years of labor for anatomists to properly locate these hundreds of nerves, and to so describe their locations that others may easily find them. Science has accomplished this, however, and the discovery has been so elaborated that it is now possible to tell with absolute certainty where a certain nerve leaves the spinal column to run to its individual organ.

When the science of osteopathy was developed, the whole system revolved about these nerve centers, opening up some of the greatest possibilities in the medical world. The hidden organs of the body are the seat of nearly all the serious illness we are heir to, and any science which can cure these diseased organs in our interior without the aid of medicine or the surgeon's knife is bound to take a leading position in medicine. An osteopath does not hesitate to say that he can treat a diseased kidney as easily as if it lay on the surface and exposed to his touch. He merely locates the nerves running from the vertebræ to the kidney, and manipulates them according to the methods of his school. Nature does the rest.

Suppose the lungs are affected. What the osteopath first does is to locate the proper nerves. He finds them leading out from the last vertebra of the cervical and the first dorsal vertebra of the spine. The osteopath then manipulates these nerves with his fingers, using a twisting circular movement. If, as is often the case, he finds the nerve unable to transmit its energy on account of the pressure caused by a slight misplacement of the vertebræ between which it issues, he brings such vertebræ into a normal adjustment.

As stated before, the result of this adjustment and unusual commotion in the nerve centers is to carry new stimulus over the nerves to the part which they control, which in this case is the lungs. The force thus produced is far greater than can be created by any other means. The nerve centers controlling the heart are located close up under the base of the skull. These, then, are the nerves which are manipulated for heart disease. To treat the stomach and liver, the osteopath will go to work on the large splanchnic nerve, which with its branches starts out at the fifth vertebra of the dorsal region and extends down to the eleventh vertebra. There are also nerves leading directly to the appendix, and the leading osteopaths of the



day are morally sure that the science will soon embrace a perfect system of cure for the dread and increasing disease of appendicitis.

Kidney diseases in the first and second stages may be cured in the same way. Sciatica and lumbago may be successfully treated by osteopathy by suitable manipulation of the ganglia located in the lower part of the spine just under the kidneys.

A favorite argument against osteopathy has been the charge that the osteopaths are not qualified to practice medicine, meaning by that that the osteopaths are not competent to handle drugs, when nobody knows better than themselves that the osteopaths use no drugs in their practice. While our opponents are seeking to turn the tide of public sentiment against us by ridicule, misrepresentations and prejudice, we are steadily gaining ground and convincing the public by successful demonstrations that osteopathy can accomplish many things which medicine has failed to accomplish; that it has a superior method of treatment for many diseases which have heretofore been controlled by drugs at the expense of serious injuries to the internal system by these drugs.

Dr. Pratt's remarks on this paper will appear in the February number of the Journal.

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## THE NERVE MECHANISM OF THE PELVIS AND ASSOCIATED REGIONS.

BYRON ROBINSON,\* B.S., M.D.

*(Continued from December Number.)*

The automatic parts of the sympathetic to which I wish to direct attention are, the cervical sympathetic ganglia (superior, middle, and inferior), the abdominal brain (the solar plexus), and the pelvic brain (or cervico-uterine plexus). Due consideration must be given to the three splanchnic groups: (1) the cervical splanchnics, conducted to the stomach, heart, and lungs through the spinal accessory and the vagus; (2) the abdominal splanchnics, originating from the fourth dorsal, running to the second lumbar, and thence to the abdominal brain; (3) the pelvic splanchnics, conducted to the hypogastric plexus by means of the second, third and fourth sacral nerves, to supply the rectum and the genito-urinary organs.

*Splanchnic = cavity*



FIG. 11.—(Byron Robinson.)

(112) Genital ganglion. (173) Third lumbar ganglion (R). (114) Genito-rectal ganglion. (108) Lumbar lateral chain of ganglia. (173) Third lumbar nerve (R). (90) Lumbar nerve. (91) Lumbar nerve. (179) Fourth lumbar ganglion (R). (104) Lumbar lateral chain of ganglia. (181) Common iliac artery arising in this case at third lumbar vertebra. (188) Inferior renal ganglia. (98, 99 and 100) Rami communicantes. (92) Lumbar nerve. (105) Lumbar lateral chain of ganglia. (174) Fourth lumbar nerve (R). (189) Fifth lumbar ganglion (R). (93) Lumbar nerves. (114) Genital ganglion. (115) Hypogastric plexus. (134) First sacral ganglion (L). (179) Fourth lumbar ganglion (R). (116) Hypogastric plexus. (125) Lumbo-sacral cord. (135) First sacral ganglion (R). (136) Genital ganglion. (118) Hypogastric plexus. (126) First sacral nerve (L). (170) Lumbar sacral cord. (130) First sacral nerve (R). (158) Right sacral plexus. (137) Second sacral ganglion. (117) Hypogastric plexus. (156) Rectum. (127) Second sacral nerve (L).

[ I have observed for some time that the connection of genital and urinary systems with all the great nerve centers is intimate and profound. For example, the organ which has the most intimate connection with the cerebro-spinal axis and the abdominal and pelvic brain is the uterus. The eye, too, is closely connected with both nervous systems, and also with the uterus. This intimate nervous connection of the uterus with the nervous system increases with the ascending scale of animal life.

The physiological function of the sympathetic nerve is rhythm. The sympathetic nerve alone possesses this function. The power to produce rhythm belongs only to a ganglion. The viscera functionate rhythmically. The destruction of this periodical function causes disease. The organs which have the most pronounced rhythm are those intimately connected with the abdominal brain. Chief among these, as I have already said, is the uterus and oviducts. So far as I can observe, the uterus is connected with the abdominal brain by twenty or thirty strong nerve strands.

The uterus and oviducts have a monthly rhythm, due to the automatic menstrual ganglia situated in their walls. No doubt the higher physiological orders originate in the great abdominal brain. The breaking of the rhythm of one viscus disturbs the rhythm of all the rest. This is in no organ so significant as in the uterus, because the uterus is more exposed to infection and trauma—disease—than any other viscus. The glandular endometrium, the best germ culture medium, is exposed to the external body surface.

The liver has a visceral rhythm, through its automatic hepatic ganglia, similar to that of the uterus. When new food arrives in the liver from the portal vein, the cells of the liver begin to swell, in the performance of their functions of making bile, glycogen and urea. The hepatic capsule (Glisson's) and the peritoneal covering being extremely elastic, the liver can go through its rhythm whenever occasion arises. When the liver arrives at the maximum point of the rhythm, the cells having exhausted themselves in making bile, glycogen and urea, these three products are sent home, and the cells begin to contract, Glisson's capsule begins to shrink, and the peritoneum closes back to its original state. Then the liver secures rest and repair, in order to be able to accomplish the next rhythm. It is the breaking of the hepatic rhythm by bad food or distant reflexes of diseased viscera that causes disease of the

liver. The most prominent organ that induces irregular hepatic rhythm is a diseased uterus. Alcohol, which rushes from stomach to liver through the gastric veins, taken without food, destroys the nice balance of the hepatic rhythm by enticing the liver to go through its rhythm without due stimulus or by unnatural stimulus.

It is plain that the heart goes through a rhythm by means of the automatic cardiac ganglia situated in its walls. These ganglia are known as Bidder's, Schmidt's, Remak's, and Ludwig's. The vagi (especially the right) give the heart the slow, steady beat, its sober, regular movements like a pendulum; but the three cervical sympathetic ganglia rule the heart in regard to rapidity and irregularity. It is the breaking of the cardiac rhythm that causes reflex heart

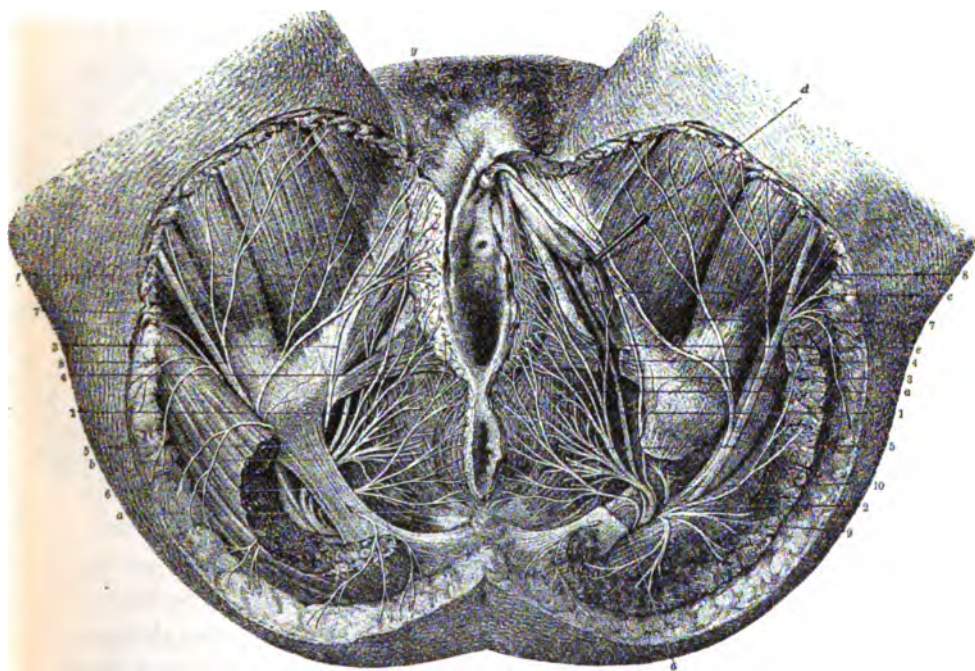


FIG. 12.—(Hirschfeld & Leville.)

Is a beautifully drawn cut to illustrate the nerves of the female perineum. It typically shows the nerve periphery of the external genitals. (1) Deep branch and continuation of pudic nerve in its course to the clitoris (*g*). (2) Superficial or perineal branch, which divides into the external (3) and internal (4) superficial perineal nerves. (5) Muscular branches of superficial perineal nerve. (6) Inferior hemorrhoidal nerves. (7) Inferior pudendal branch of small sciatic (8). (9) Muscular branches to glutei. (10) Branch to obturator internus. (*a, a*) The levator ani. (*b*) Sphincter ani. (*c*) Constrictor vaginæ. (*d*) Ischio-cavernosus. (*e*) Transversus perinei. (*f*) The subcutaneous tissue of the labium majus. (*g*) Clitoris.

trouble. A diseased uterus, from the intimate and profound nerve connection, is preëminently the organ that disturbs the heart and its rhythm.

The digestive tract has its own special rhythm through Auerbach's and Billroth-Meissner's plexuses—the one presiding over the peristalsis, and the other over digestive secretions. The occasion of a digestive rhythm is food. The main rhythm occurs in the enteron and the stomach.

The bladder goes through a rhythm by means of automatic visceral ganglia; it has a diastole and a systole. The rhythm of the bladder is broken when its nerves are dragged on, as in pregnancy.

The spleen performs its rhythm by its automatic splenic ganglia. The occasion of a splenic rhythm is fresh food. The spleen accomplishes its rhythm by (a) the swelling of its tufts and substance, (b) by the expansion of its elastic capsule, and (c) by the stretching of its peritoneal covering. It rises to a maximum and sinks to a minimum. It is now in action and now in repose.

Thus each viscus performs its peculiar rhythm by means of the automatic ganglia situated in its substance. The higher physiological orders of the abdominal brain must, of course, be obeyed.

We now come to the consideration of diseased viscera. Pathogenesis through the sympathetic, in health and disease, is by reflex action. Of course we have ganglionic sclerosis, recognizable and non-recognizable lesions of the sympathetic, pigmentation and secondary disease, etc., but the great pathology of the sympathetic nerve in gynecology is the transmission of reflexes from diseased viscera.

We will take for illustration a case of uterine cervical laceration occurring five years previous. The patient is now a pale, anemic, neurotic woman, unfitted for the labor of life. A lacerated cervix (an infection atrium) is soon followed by endometritis. Irritation from this is transmitted over the hypogastric plexus to the abdominal brain, where it is reorganized. It should be remembered that any irritation (force, vibration) will travel on the lines of least resistance, and in the direction of least resistance from the abdominal brain in toward that organ having the greatest number of nerve strands. The irritation reorganized will flash out on all the plexuses. Reaching the liver, it will disturb the hepatic rhythm, causing an over-production, an under-production, or an irregular



production, of bile, glycogen and urea; and finally the functions of the liver suffer impairment. Suppose we follow this same uterine irritation to the digestive tract. At Auerbach's plexus it will cause colic, lethargy, or fitful peristalsis, and at the plexus of Billroth-Meissner it will induce diarrhea, constipation, or development of gases—fermentation. These disturbances, after a painful progress of from six months to two years, culminate in indigestion. Then comes malnutrition, which results from long-continued indigestion. The third stage is anemia from malnutrition. The fourth stage is neurosis: the ganglia have been long bathed in waste-laden blood. Finally psychosis may arise.

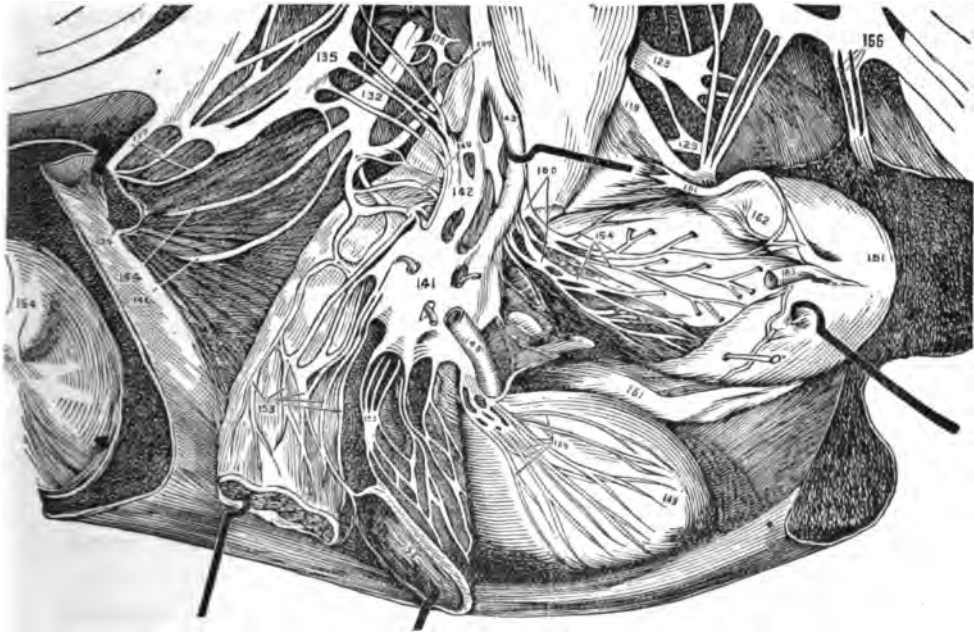


FIG. 13.—(Byron Robinson.)

From author's life-size chart of the sympathetic. Represents the cervico-uterine ganglion' (—) The pelvic brain. (127) Second, (128) Third, and (129) fourth, sacral nerves (left). (181) Second. (132) Third. (133) Fourth, sacral nerves (right). Note the connection of the second, third, and fourth sacral nerves to the pelvic brain. (137 and 138) Second and third sacral ganglia. (139) Branches from the second sacral. (140) Branches from the third and fourth sacral nerves to the pelvic brain (141 and 142) The pelvic brain or cervico-uterine ganglion is marked (141, 142, 143, 144) and (145) branches of it. Third sacral to the levator ani muscle (146). (147) Vesical ganglion. (148) Ureter. (149) Bladder. (150) Vagina. (151) Uterus. (152) Nerves of bladder. (153) Pudic nerve. (158) Right, and (159) left, sacral plexus. (160) Branches of hypogastric plexus which do not enter pelvic brain before distribution. (161) Fallopian tube. (162) Ovary. (163) Round ligament. (164) Acetabulum. (165) Spine of ischium.

Hence endometritis may induce: (a) indigestion, (b) malnutrition, (c) anemia, (d) neurosis, and (e) psychosis.

Again, take heart palpitation at the menopause. It can be explained by reflex action. The child-bearing period of a woman is thirty years. During that time regular monthly forces have been transmitted over the hypogastric plexus to induce uterine and oviducal rhythm. Now, at the menopause, the hypogastric plexus degenerates and will not carry the forces, which consequently accumulate. The accumulated forces in the abdominal brain go up the splanchnic to the three cervical ganglia, where they are reorganized and flashed out to the heart, causing it to work either too rapidly, or fitfully. This explains palpitation at menopause.

Exactly the same explanation suffices for liver disease during this period.

At the menopause the heat, circulatory, and sweat centers are irritated, and the woman has flashes of heat, flushes of blood, and "spells" of sweating.

Pigmentation is also from reflex action: the irritation spending its main force on the liver and the spleen, causes pigmentation.

The genitals are profoundly supplied by the sympathetic. Observe the double lateral supply and also the central hypogastric supply. There are two ovarian ganglia at the origin of the ovarian arteries. There are two giant pelvic brains or cervico-uterine ganglia, and these pelvic brains are connected by some thirty strands to the great abdominal brain. The uterus, the popular center of the genitals, though anatomically the ovary is the real central genital organ, is supplied from the abdominal brain by means of the lateral hypogastric plexus chain, and the second, third, and fourth sacral nerves. The pelvic brain demedullates the nerves, so that, though the three sacral nerves supply the uterus, it is accomplished by first sending the three sacral nerves through the pelvis, where they are demedullated before reaching the uterus. In an anatomic and physiologic sense the pelvic brain is of extreme importance on account of its vascular influence over the uterus and oviducts on account of its control to some extent of uterine and oviducal rhythm, and on account of its influence on the nourishment of the uterus and oviducts. Also, perhaps, parturition is instigated by pressure or trauma of the cervico-uterine ganglion by the increasing cervix; in other words, the pelvic brain. There are adjacent

ganglia to the pelvic brain which influence the uterus, bladder and vagina, holding these three organs in intimate connection. There is the plexus vesicalis (vesical ganglion), the hypogastric plexus, and the plexus utero-vaginal (pelvic brain), all three closely connected anatomically and also connecting anatomically and physiologically the bladder, cervix and uterus.

It is daily gynecologic observation that the uterus and bladder functionate together through nerve connection—especially the sympathetic. However, the chief function of the pelvic brain is to rule the uterus, as will be observed, by noting that the major

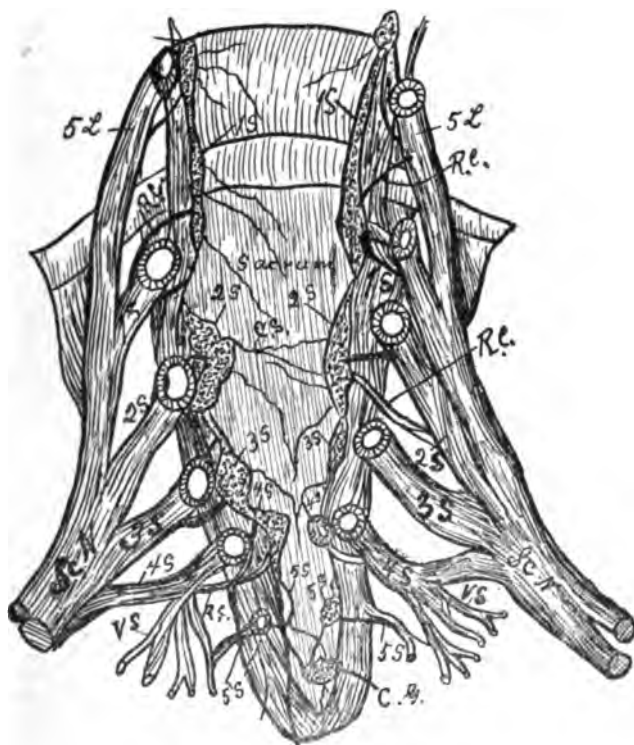


FIG. 14.—(Byron Robinson.)

Is drawn from a female forty years old, and reduced. It represents the lateral chain of the sympathetic as it is found in the pelvis. (1S, 2S, 3S, 4S, 5S) Are the sympathetic chain of ganglia lying along the lateral borders of the sacrum. (C.S.) Shows branches radiating from the ganglia and also joining the chain of ganglia of each side. (5L) Is the lumbo-sacral cord. (1S, 2S, 3S, 4S) Are the sacral nerves. (V.S.) Is the visceral portion of the fourth sacral. (Sc.N.) Sciatic nerve. (R.C., R.C. and C.) Are the rami communicantes. (C.G.) Coccygeal ganglia. The figure is a typical illustration of the sacral lymphatic chain of ganglia and was drawn after the sympathetic and spinal nerves were carefully dissected and exposed in their natural position. Observe the size and division of the fourth sacral nerve—the important pelvic visceral nerve.



branches of this ganglion pass to the body of the uterus. A small part of the uterine nerves originates from the hypogastric plexus, which supplies the side and posterior surface of the uterus. From the pelvic brain and vesical ganglion, nerves accompany the uterine artery along the lateral borders of the uterus, sending branches to the uterus on the horizontal arteries, and to the oviducts which, by union with the ovarian nerves, form the ovarian ganglion. From the ovarian ganglion, nerves pass to the anterior side of the uterus, to the inner and middle parts of the oviduct and to the broad ligaments.

The ligamentum teres uteri is composed of nonstriped muscle and is supplied by both the uterine and spermatic nerves. The uterus is supplied in its muscularis by an extraordinary, rich network of nerves, which is continued into the muscularis vaginæ. The uterine mucosa has numerous ganglia distributed in its substance. The nerve endings pass to the epithelia of the single organs. The small capillaries are enclosed in a network of nerves.

#### GENERAL VIEWS OF PAIN IN GYNECOLOGY.

Pain in gynecology is generally described as atypical in character. This is observed from the terms which writers employ. Some designate the pain as nongenuine, others as hysteric, and again as illegitimate, ideal or physical. Perhaps with more accuracy one might designate the pain as from the cortex of the cerebro-spinal axis. It should be recognized that a more rational classification of pain in gynecology is demanded.

Hysteria, if the term be used at all, must be recognized by definite stigmata. It is true in gynecology we are dealing chiefly with the subjective sensations of the patient. The pain appears to the patient as immeasurably severe and terrible. Frequently the only standard is the patient's tears, fears or moans, and her comparison of dragging, tearing or boring. We can to some extent estimate colic pains of hollow organs as uterine and intestinal conditions. But it is remarkable how gynecologic patients bear the genuine pain of labor and other colicky pains with little complaint and slight fear of its repetition; while the immeasurable and often apparently nongenuine pain of hyperesthesia causes exaggerated and bitter complaints. The intensity of pain can be supposed but never sharply measured. An exudate can be palpated, the amount of blood loss judged, the growth of a tumor estimated, but the deter-

mination of pain rests alone on the dogmatic assertion of the patient. It is a psychical phenomenon. As Dr. Lomer states in his excellent investigations, pain is an increase of touch sensation, and

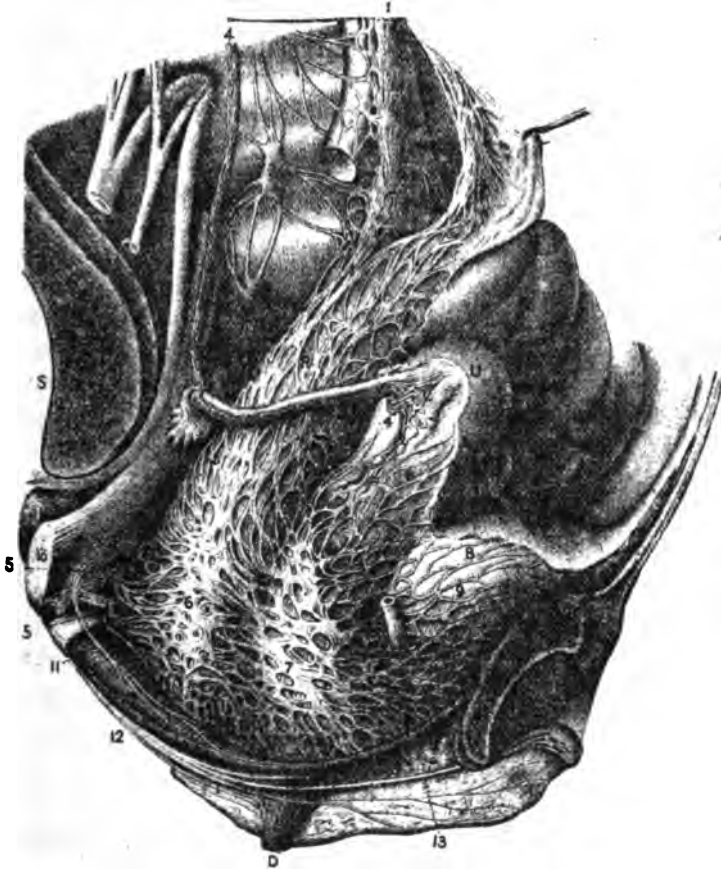


FIG. 15.—(Lavage & Hirschfeld.)

Is a cut to illustrate the nerves of the non-pregnant uterus. (1) Hypogastric plexus lying on the bifurcation of the aorta. It divides to pass each side of the rectum. (2) Rectal branches on rectum (R). (3) Lumbar ganglia of the sympathetic. (4) Ovarian plexus. (5) Branch of the third and fourth sacral nerves passing to the pelvic brain (6 and 7) before going to the uterus. (6 and 7) Nerve plexuses on the vagina and rectum. (8) Uterine nerves. (9) Vesical plexus. (10) Trunk of it—great sciatic. (11) Levator ani branch. (12) Trunk of the pudic nerve. (U) Uterus. (B) Bladder. (S) Sacrum. (D) Transversus perinei muscle cut. This cut is partly diagrammatic, as the nerves are not distributed in the form represented in the illustration, but represent more aggregations, as drawn by the author. The nerves in Savage's cut are represented too richly.

has a psychical character. Doubtless the sensory periphery apparatus ends first in the skin (hyperesthesia and anesthesia), and second in the mucosa (hyperesthesia and anesthesia).

*(To be continued in February Number.)*

## WAS IT THE EPIPHENOMENA OF AN ORGANIC LESION OR TRUE HYSTERIA? CASE CURED.

CLAUDE E. HOOVER, M.D.

EDGERTON, OHIO.



Patient, Mrs. J., farmer's wife, age 34, mother of two children and has had one miscarriage. The older child is ten years, and the younger five years of age. Health very good until birth of first child. During the months of her first pregnancy the patient was in very good health; she was strong, weighing 150 pounds, and assisted her husband with the heavy work on the farm.

She enjoyed semi-good health until two years ago, November, 1897, when she had a miscarriage, followed by leucorrhea, which resisted all of a brother practitioner's treatment. I was called May 1, 1898, and found the woman in a severe convulsion. The thumbs were grasped by the fingers, the eyes were opened widely and were dry and set firmly. The head was drawn violently backward and the muscles of the neck were hard and stiff. The back bowed until her head and heels came in contact. Pupils would dilate on pricking either cheek with a pin. She was entirely unconscious. Hypodermic injection of conium relieved spasm in thirty minutes from the time of the administration. Patient talked now as if nothing at all had happened, asking me when I came and wondering why she was in bed. At this time I elicited a very good family history and the following subjective symptoms: For several days before the convulsion she had severe pain in the back and hips, a bearing-down sensation, a desire to urinate frequently, and a constant desire to do something, but had not the least idea what it was. At this time I also obtained the history of the leucorrheal discharge. An examination revealed the fact that the cervix had been lacerated unilaterally and extended more or less above the vaginal attachment. On the introduction of the uterine sound the patient was instantly

attacked with convulsion, and on removal of the sound she slowly regained consciousness. Immediate repair of laceration was advised, but the patient objected, and so she was given warm-water douches saturated with antiseptics and fluid hydrastis, and the internal administration of sepiæ 3x. She seemed to gain in every way while using the above treatment and did not have a recurrence of the former symptoms until four months later, when the shocking news of the sudden death of a sister was received, and she was immediately precipitated into a violent convulsion; all I could do would not relieve her. She remained in this convulsion forty hours, when the watcher was suddenly surprised to see her jump from her bed. The nights being warm, the doors were open and she escaped into the yard and ran across an adjoining field, when she was convulsed again and was carried back into the house in this condition. At this time chloroform was administered to relieve the spasm, and while under the anesthetic I repaired the laceration. Suffice it to say the patient made a rapid recovery from the operation. A year and two months having elapsed without a recurrence of her old symptoms, the case is considered cured.

There seems to be a difference in the opinions of physicians in this case regarding the probable diagnosis. Some of my professional brethren consider it a "plain case of hysteria," while many of them do not. My experience has taught me that the more carefully one studies his case, and the more patiently he analyzes each symptom, the less frequently he will meet with a genuine case of hysteria. If a patient sustains an organic lesion, and during the progress of the disease hysterical symptoms appear which are entirely blotted out on correcting the lesion, it is my opinion that the case is not one of hysteria, but the symptoms of it are the epiphenomena which have been added to the symptoms of the organic lesion.

I would be pleased to hear from the profession relative to this diagnosis.

## DISCUSSION OF DR. HOOVER'S CASE.\*

C. T. HOOD, M.D.

CHICAGO.

The differential diagnosis between hysteria and epilepsy is often a very difficult matter. Yet there are some definite clinical points which enable the physician to make a correct diagnosis. But these practical clinical points are often lost in the discussion of the subject in the text-books in an endeavor to impress the reader with the writer's scientific knowledge. In the first place, the history of this case is not quite definite enough. The doctor says that he was called May 1st and found the woman in a convulsion. The history should show whether there was any exciting cause, as anger, fright, or any shock or psychical cause for the attack.

It is of great importance in differentiating between hysteria and epilepsy to know the character of the convulsive movements. The history shows that the thumbs were drawn across the palms of the hands, and that the fingers were firmly flexed upon them, and the head drawn violently back, the muscles of the neck stiff and back bowed, etc. But the doctor does not tell us whether these violent tonic contractions were followed by clonic contractions, a very important clinical point, because in epilepsy the convulsive attack begins by a tonic contraction and is followed by clonic contractions, while in hysteria the convulsive movements begin by tonic contractions and are followed by contortions, not by clonic contractions, or else the hysteria begins as a contortion and neither tonic nor clonic contractions exist, unless the contortion is considered as a tonic contraction. The convulsions were relieved in thirty minutes, the doctor tells us, by conium. No epileptic attack ever lasts thirty minutes. The stupor may last that long, but muscular contractions, either tonic or clonic, or in fact the whole period of an epileptic attack, rarely exists but a few moments, which may or may not be followed by stupor or sleep; usually it is. Then the fact that the pupils would respond to the prick of a pin on the cheek excludes epilepsy and points to hysteria.

The second attack was the result of shock, or a psychical cause. Here, again, the great length of time the patient was in the convul-

\*Discussed by request of JOURNAL OF ORIFICIAL SURGERY.

sion and the immediate coming out of the convulsive state, together with the escape and a return of the convulsion, points not to epilepsy, but to hysteria.

The diagnosis, then, of this case is undoubtedly hysteria.

#### ETIOLOGY.

In the discussion of a case like this we cannot go into the etiology of hysteria in general, but must confine ourselves to the case in hand. Hysteria has been defined as a disordered state of the nervous system, and from the doctor's remarks as he closes his history. I should judge that there is a doubt in his mind, as there is in many others, that hysteria exists. It matters not what you call it, hysteria, disordered state of the nervous system, or what, there can be no doubt that there often exists a state of mind where the force of the will is diminished, and where the lower centers run wild for a time.

Now as to etiology. I believe that all these cases are the direct result of an irregular action of the vaso-motor nerves within the cranium, and often within the spinal column, that there exists an anemia of the higher centers, causing a loss of the will power or control over the lower centers, and that there exists a hyperemia of the lower centers, producing an overactivity, resulting in convulsive movements and contortions. This irregular action of the vaso-motor nerves may be due to a great extent to a great variety of irritations external to the cranium or spinal column, or they may have, or it may have, its cause within the cranium as the result of emotional or psychic causes.

In the case in hand the irritation transmitted from the laceration of the cervix to the cerebro-sympathetic and by it to the vaso-motor nerves, together with the shock or psychical elements in the case, caused the convulsions. That a laceration of the cervix of itself cannot produce convulsions we all know; that convulsions can only come by lowering the control of the will power over the motor centers, and at the same time stimulating the motor or lower centers; then the only way that a laceration of the cervix can be a cause in a case of this kind is by its sympathetic connections with the vaso-motor nerves of the cerebral centers.

## TREATMENT.

That the doctor's treatment was all right the results show. But the question is, was the cure the result of the repair of the cervix, or was it the result of the suggestion made to the patient before the work was done and acted upon by her subjective mind after she found that the work had been done? That he did right no one will question. But he has no assurance that should some new shock come in this case a recurrence of the attack may not occur. In other words, no case of hysteria can be positively considered cured until many years have gone by.

## PSORIASIS.

E. P. NOTREBE, M.D.

KANSAS CITY, MO.



The cases that we have to treat with orificial surgery are usually of long standing; they have exhausted all recommended medicines, tried the different pathies and all the specialties, such as the diet cure, the water cure, the mind cure, electricity, change of climate, and so on; they have been treated for indigestion, constipation, liver trouble, heart trouble, skin diseases, blood poison, kidney trouble, nervous headaches, rheumatism, irritation of the spine, neurasthenia, melancholia, chlorosis, and in fact every strange condition that can be noticed in a disturbed body. When they happen to come to an orificialist they come to him with wasted organs and tissues poisoned with habits, medicines, suspicious thoughts, and their bodies loaded with putrid secretions, and oh, what an awful condition these produce in the tissues and organs which cause false expressions to be thrown out by the body form and mental actions.

You are thinking what is orificial surgery but a specialty? If that is your idea of orificial surgery you are entirely wrong. An

officialist is no more a specialist in treating diseases of the body than a contractor is a specialist in the building of different structures which he is having completed. On the other hand, he must be one of the broadest and most unprejudiced users of the different schools of medicine, the different elements of medicine, such as medicine proper, surgery, electricity, mental science, Christian science, baths, diet, physical culture, osteopathy, in fact anything that will remove physical obstruction and help to quiet irritation, improve circulation, purify secretions, and strengthen weak tissues and organs. The officialist complete is the physician who has done foundation work in general practice, and has there learned that there are many complications to handle in order to treat the many diseased conditions that the army of the sick call upon him to control. If he will honestly consider the supply of medical elements at his command he will find it unreasonable and that he is expecting entirely too much of the one element he is usually using, namely, medical medication. Not that medical medication is not good, for it is like the mother of a family, when all else forsakes you it will do its best to soothe and give you relief and rest within its scope of application. We should bow to it and give it due praise and gratitude and always keep it as one of our dearest elements of medicine, but medicine can do just so much and should not be expected to carry loads beyond its limit, and because one cannot be cured by taking medicine it does not mean that he is incurable and does not mean that the medical science is baffled, for many cases are so complicated that it will require the use of several elements of medicine to adjust the different wrongs and restore normal functions; so one who wishes to successfully handle chronic cases must make himself familiar with all the aids in order that he may be able to look the whole over and find the causes or foundation, so that the foundation can be properly laid and have the other body work done according to the complication. He must be as good a judge of the value of the different elements, such as medical medication, surgery, electricity, mental science, physical culture, osteopathy, etc., as a contractor is a judge of the different classes of work that ought to be done in the completion of some structure. In some cases it will be necessary for us to use several or all medical agents to properly handle a chronic case.

In treating chronic cases we usually find surgery necessary as a



foundation, for cases of long standing have some physical wrong which acts as a foreign body to the tissues, and we can dissect the foreign condition out more easily and perfectly by surgery than by any other means. The physical wrong has acted as an irritant so long and the parts of the body are so intimately connected that if one part is affected it will reflex and affect the other parts, so much that after long standing the reflex effect on the distant organ or organs, diseases those organs and they in turn affect some other dependent parts which become diseased, and so on until the entire body is in an abnormal state from the beginning, irritation. It is our duty to examine as nearly as possible all the organs of our case and judge what healing science or collection of healing agents will be of benefit to the complete restoration of health to our patients, and we should use, or have these agents used, if they will help to perfect health. The first thing to do is to locate the irritating cause. It may be that this irritating cause can be very easily relieved by local treatment, by which we mean direct attention and treatment of the afflicted parts by application of, it may be medicine, electricity, mental suggestion, change of profession or climate or surroundings, diet, etc., or it may be that we will find some physical wrong that can only be adjusted by surgery, or at least surgery will be the most direct, certain and sensible way to relieve the trouble. There are very few of us who do not know the importance of using the above means in order to cure or try to cure some cases, and we know of their beneficial results when they are judiciously handled, but after we have exhausted everything but surgery we look upon it as our last resort. The people have been strongly prejudiced against surgery. There is no one medical element that has been so severely abused and misrepresented; all quacks, and in fact all who want to make cures appear easy without any suffering or inconvenience, speak of treating without the knife. Of course this class of medical advisers have stooped below the responsibility of responsible physicians, and if they do not cure there is nothing said, but if they should find a case that they can relieve probably without surgery they publish it in all the papers to show what a monster surgery is and what great healers they are. This kind of literature is before the people every day, therefore, those who *do need surgery* know nothing of it, because the successes of a responsible surgeon and surgery are never al-

lowed to be advertised in papers and those cases that the people do hear of are usually hopeless cases that come to the surgeon in hopes that something may be done, and if the results are unfavorable they then are published, but if favorable, nothing is said. On this account people put off having surgery done until some part is completely wasted away into ulceration, abscess, cancer, or tumor, or something almost completely incurable. They come to the surgeon wasted and broken down, diseased almost unto death. Now, let us see what the picture is: Their organs are almost putrid and dead and they expect the surgeon to operate upon those organs and make them completely strong and healthy right away. They have spent months and years with the physicians who advertised against the knife and have stayed with them and abused surgery. After they have grown tired and disgusted with the above treatment they come to the surgeon and want him to make them well, and completely well, in two or three weeks, for, as they say, they have lost years and have been sick long enough, and the surgeon, if he is going to handle them at all, must cure them right away. He must make all their parts perfectly strong, in fact they want to be healthier than they ever were in their lives before.

Gentlemen of the profession, this is the exact picture, and it is not only the exact picture of the wonderful expectations of the people, but it is the expectation and demand of most of the medical profession. I believe that everyone has a degree of common sense and enough pure honesty to be considerate and reasonable even with surgery, and if we will ask them to stop and think of the unreasonable and unjust demands they are making of surgeons it would be better for all interested. If the cases would come to us and let us relieve them in the beginning, there would be very little dangerous surgery to do. In the ordinary cases the irritation would have been stopped before the effects would be allowed to play upon some other parts or organ and weaken and disease it. The different organs would not have to be treated or waited upon to return to health before the patient would see the full benefit of the surgical work. In these cases our work is always successful and we lose less cases than in any other line of work, showing that we are dealing with the most successful element. There is nothing dangerous in surgery applied at the right time, but unfortunately for patients they are scared away from proper

work until they come under disadvantages of all kinds. They have put off the work until the first diseased or irritated part has disturbed some other part until it has become diseased or disturbed. These parts will then need attention of some kind. On account of expecting so much from surgery, in these cases we may have a failure, because after surgical work is done all other elements are thrown aside. This is just as unreasonable as it would be for a contractor to stop work as soon as he had completed the foundation of a house. The foundation is absolutely necessary, but there would be no house if the contractor were to have his laborers stop here. In the same way the surgeon will often not cure a chronic case if he simply stops with surgery and does not have the finishing work completed. Surgery must be done before we will have a healthy body, and in many cases it would be just as irrational to stop after surgery and expect health as it would be to stop the work on a house after the foundation has been finished and expect a grand, complete and neatly finished structure.

In orificial surgery we need proper after-treatment more often than in any other kind of surgery, for we are handling chronic cases and they are cases in which the troubles have existed so long, that many or all the tissues and organs are weakened or disturbed in action. I am glad to say we have grand helpers that have been well tested and found beneficial in their results when properly selected and applied, and if applied after surgical work, these great aids, such as good tonics, electricity, physical culture, mental suggestion, osteopathy, etc., we can successfully treat and cure most of the chronic diseases that ten years ago were placed in the list of incurables. I can probably show more plainly the absolute necessity of giving after-treatment by describing cases that have been handled until completely cured. I believe that the exact cause of the most of the obstinate stomach, liver, kidney, heart, and bowel troubles can be located as irritation of the rectum and genitals of the male, and the womb, rectum and genitals of the female. When the irritations are relieved the trouble usually improves materially at once, but sometimes when they have become very chronic it requires very little more than a treatment for patience and time for strength to return. In other obstinate cases, all the aids will have to be called in to help.

Case—A case of chronic skin disease, with scales over the

body, mostly around the chest, back part of arms and limbs being in a state of scaly ulceration; the face covered with pimples: the pimples being so large on the chin and nose that they could be called sores. This case had been treated under the name of psoriasis for twelve years. I have treated many of these eruptive cases, but this was the worst case I ever saw; it was a lady thirty-five years of age. On examination I found that the clitoris was completely covered, the hood adhering to the glans, retaining smegma which had become as hard as gravel. I consider this the beginning cause, but this had congested the genitals, womb and rectum so long that it had caused disease of all of the organs. The labia and vagina had warty granulations covering them completely, making them oversensitive and overactive. The womb was undeveloped and the external os contracted so that it required quite a while with the patient under chloroform to get the smallest sound into the womb. I told the lady and her husband that this was the cause of her skin trouble. I operated, relieving the clitoris, trimming the granulations from the labia, dilated and curetted the uterus and did rectal work. After the work was all completed I showed the condition of the skin to the visiting physicians and to their great surprise the rash had entirely disappeared. This seemed remarkable to some of them, and they asked if the skin disease was cured and if it would not come back again. I told them that the results of official work were wonderful, but for them not to be unreasonable in their expectations, and that while this case would be materially improved at once, that I wished them to consider the kind of skin we had to handle, that it was a weak, delicate, and sensitive skin, and would break out again at the least nervous provocation, and that the genital and rectal organs and the womb were by no means well, that the diseases of these organs and the granulation of the vagina would have a tendency to return until the parts were made strong, and that the woman would be susceptible until her womb developed, and that if the clitoris was irritated again we could expect a return of the skin trouble, together with her many other nervous and functional troubles.

In order to not let official surgery carry an unreasonable load, I asked them if they did not think it was enough for the present work to clear up the skin trouble, thereby showing that it had brought a change, not only in the skin but in the whole body,

which was wonderful, as no other medical-agent could or ever had produced such an effect. Since it had done this much it only indicated what might be the beneficial results if we should put those organs in a proper healthy condition. We must first consider and remove the irritating abnormalities as foundation work. We must also consider the weakened conditions, the consequent deficient actions and the tendency of the weakened organs to remain disturbed in their functions after they have been under the long depression of their irritated condition.

In this case the clitoris had been covered and pressed upon by adhesions and hardened secretions until it had been almost deadened, making it much smaller, much weaker and sensitive, almost paralyzed in action. The vagina was lined with a warty, granulated, sensitive, weak membrane, making the vaginal tissues very sensitive and susceptible to impressions. A vagina of this kind will cause more troubles and return of troubles than almost any disorder that the female organs are subject to. It is a vagina that is either starved into malnutrition by overcongestion, overloading the tissues with blood or food, or starved by deficient or irregular flow of the blood to the parts, producing a decided weakness of the tissues and either an exaggerated condition of sensation or a loss of sensation. In these cases the clitoris is very easily irritated and the irritations set up an overflow of the secretions around the glans, this discharge being of a nature to keep the sensitive, weak membrane irritated, causing a tendency to the readhesion of the hood to the glans. Whenever this adhesion occurs it produces such a nervous irritation throughout the body as to disturb the function of the weak organs; the skin already having been in the habit of rebelling returns to its complaining state readily and breaks out in pimples and sores again. Then the patient and parents, under the gloom of depression and despondency, break out on the once so hopeful surgeon in such thunderous tones that it makes him think of going back to the old idea, namely, that it is better to call this trouble psoriasis and say that it cannot be cured than to be troubled with such feelings of disappointment. Usually he has made the mistake of telling the patient that the operation will cure the case. It does, but the operation does not always make a weak organ strong at once, at least not strong enough to resist all tendencies to return.

We make a great mistake in not explaining to the chronic cases the condition of their parts; as the organs are weak, there will be a tendency to some trouble after the operation has been performed, and it will require complete after-treatment to prevent the return of old symptoms. The patients are so discouraged when any of the old symptoms return that they lose confidence, although they have been materially improved, and more improved by orificial surgery than by any other means. The weakening caused by loss of confidence destroys the force of the physician and he then has not the courage of a Roman or of his convictions to tell them that some of the irritation has returned, and that he can and will control it and that they must expect trouble until those parts are made strong. In the case above mentioned the lady had been entirely free from any eruptions, sores or pimples on the face. She had been so well that she had lost sight of the necessity of the after-treatment, which I had tried to impress upon her in the beginning. I saw her several times; she said she thought it hardly necessary to be troubled with further treatments, as she was entirely well. I told her that I hoped she was, but was fearful that her parts were not strong and she would have trouble later. In about four months she came back, showing me some small pimples on the face and nose, the parts that usually show skin weakness first, and she was very uneasy and despondent from discouragement. These cases do not seem to care much for these pimples and face blemishes. They have been humiliated in bearing with these blemishes so long on account of not being able to get anything to cure them that they seem to carry the load easily, but really there is nothing so embarrassing to a man or woman as these troubles, and to have them return after they have thought them cured is heart-breaking.

This lady came in with hope almost gone, but I reminded her that she was unreasonable to think that she could get well of such extensive chronic skin trouble entirely and have it go away and never come back on a return visit or give her any symptoms of its old habits; I reminded her that I had explained to her that the skin was only one of the many organs that was affected by the genital troubles and that it would be impossible for her to get well even in any part until the affected organs were made strong and natural. I began after-treatment and found that the

clitoris had readhered; some of the granulations in the vagina had begun to appear. I cocaineized the hood of the clitoris and freed it and used the positive galvanic current of electricity in the vagina two or three times weekly to destroy the granular condition, and also dilated both the uterus and rectum, at the same time giving electric current in uterus and rectum. These granulations are the result of irritation and consequent malnutrition of the parts. I find that there is nothing so beneficial in completely restoring this weak condition of the mucous membrane to proper strength and nutrition as the galvanic current. It has a special nutritive effect that no other cauterant has. I also use any means to develop the parts, such as osteopathic handling of the lower limbs and the beneficial effects of abdominal breathing. I have treated several of these chronic conditions and have been able to hold the cases until I have strengthened the genital and rectal organs back to their former functions and can say that they have been entirely cured; but these cases are usually failures unless handled in a complete and business-like way until all the weak organs are restored to normal condition.

I have taken the weak skin to illustrate the necessity of proper after-treatment, but the same is true in handling chronic conditions of any of the other organs. Orificial surgery, with the management and use of the different elements of medicine that tend to strengthen and develop weak organs and tissues will successfully cure 90 per cent of the considered incurable diseases.

# EDITORIAL DEPARTMENT.

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## SERIES OF IMPERSONATIONS.

### IMPERSONATION NO. 8—THE CEREBRO-SPINAL MAN.

Ladies and Gentlemen:

My connective tissue brother has announced me for your entertainment to-day, and here I am. But I feel my position to be delicate, difficult and embarrassing. You see, I do not feel quite at ease, for to give you a fair conception of myself I should have to give myself away in a good many respects, and confession, especially to brother mortals, is rather foreign to my nature. I do not mean that I am not willing to be known as I am, but I question the fairness of mortal judgment. In the sight of God I am trying to keep my conscience clear, but before men my reasons for doing as I do at all times and in all places must frequently be so obscure as to leave them guessing. Nevertheless, perhaps I can while away a little time with you pleasantly with a brief account of who I am, what I am, and why I am, furnishing you perhaps enough to think about to give you a pleasant memory of the occasion. My remarks must be condensed, for they are expected to be brief. Unessential details will therefore be omitted and your attention invited simply to a few general conceptions of my characteristics and make-up, conforming to the example set by those of my brother shapes who have already appeared before you.

I see, I hear, I taste, I smell, I set in motion, I feel, I think, I am, and I am conscious that I am. I am the only member of the family that these statements can be predicated of. The bony eye, the muscular eye, the vascular eye, the lymphatic eye, the areolar eye, in short, all the eyes furnished by the other members of our brotherhood, without me are totally blind. I grant that the composite eye resulting from the various eyes furnished by the several members of our family serve me as a convenient glass through which to gaze upon surrounding material shapes; but I alone have the



power to see. I must confess that I am not that power, and that my claim to see is a little overdrawn, for I must own that it is the life in me that sees and not myself; nevertheless, being the direct medium through which sight is accomplished it is quite natural for me to lay claim to the power of seeing. The same is true of all the senses as just enumerated. I am in reality the direct means by which all bodily consciousness and knowledge and experience are accomplished, and I am capable by means of my senses not only of adjusting our common form to outer circumstances, but also making one part of our body conscious of another part. I hold indeed these various human shapes of ours in their proper relationships to each other, and can summon any or all of them to my aid if I will, and in this way accomplish the purposes of life. They all look up to me for guidance, and not a step is taken, no work is planned or executed, no earthly experience is had, that does not issue directly or indirectly through me.

As a tree plants its roots in the earth and reaches up into the air with its trunk and branches, so do I seem to extend myself in opposing directions. On the one hand I am projected into physical existence, upon whose form you now gaze. It is this projection which constitutes me a physical entity and entitles me to be registered as one of the brotherhood of human shapes. On the other hand I reach out into the invisible, the unseen, the ideal, in which realm my impressions are all registered, my purposes all lie, and my calculations are made. It is in this hidden realm that my impressions of the outer world are every one of them registered, and it is from these that my resolutions, which guide my every act, all take their issue.

But I must not confuse your minds by confounding my physical form with its indwelling vitality. When I say that I see, I hear, or sense in any way, or act, of course I predicate this of the conscious man that operates through me, for my material self, the parts that can be exposed with the dissecting knife or even the finer ones that can be observed only by the aid of the microscope, the entire nervous form that appears before you, are just as inert, inactive and helpless and dead as are any and all of our common brotherhood of physical shapes, some of whom you have already listened to and the rest of whom you will hear in the order arranged for their appearance.

The conscious man which animates my every part will tell you his story toward the close of this series of impersonations, and it

behooves me to confine what I have to say to you at the present time purely to my physical make-up. I must therefore eschew fancies and philosophies and treat you to merely an enumeration of physical facts. And now to my task.

I am aware that I am a go-between connecting the outer or material projection of our family with the invisible part of us. By the aid of my various senses impressions of the outer world are received and orders for the conduct and disposition of the body are carried out. I am a hard worker, and consequently require rest for recuperation. I really need to spend fully one-third of every twenty-four hours in unconsciousness, folding all my senses like the petals of a flower at sunset, in order to be at my best in my earth work.

The position which I occupy in my family is a commanding one, as you see, and would cause me to be its spoiled member if I did not live in perpetual recognition of the fact that only by means of my association with my brother forms has my physical manifestation been possible. I know that my arterial brother has brought me the material out of which I have been constructed. I know that the venous man, aided by our lymphatic brother, has removed the débris occasioned by the wear and tear of my daily activity. I know that my muscular comrade has served me as only a brother could, rendering the best obedience to my every command of which he is capable. I know that my bony associate has protected, strengthened and sustained me in all my purposes. I know that my connective tissue brother has contributed generously to my make-up. I know that our skin man especially has afforded me a broad expanse of surface for the accommodation of our common sense of touch. And I know equally well that the other forms of our brotherhood of shapes, whose acquaintance you are yet to make, have likewise in no small degree contributed to my comfort, effectiveness, yes, the very necessities of my material existence. You must remember there is no soloist in our home orchestra, that every individual of us is absolutely essential to the existence and activity of all the rest. So that while my manner of introduction may strike you as self-assertive, in reality my spirit is bathed in profound humility in the consciousness of my dependence for all that I am, have been, or can be, upon the other human forms with whom I am associated in this timely sojourn.

A full and appreciative consciousness, however, of my personal

powers and importance are not only natural, but perfectly proper. One has no more right to underestimate his own God-given position and powers than he has those of another. And let me say in complete refutation of all charges of egotism or self-aggrandizement that I am no greater than my brothers. Among us there is no high or low. We are all equal in importance, only we are different, and my initiative remarks are meant simply to epitomize my chief personal characteristics.

Now, as to my make-up. In construction you might liken me to a telephone system. My central office is what is known as gray matter, and the issuing wires are my nerves. Out of these two things, gray matter and nerves, am I wholly made up. Let me invite your attention to my gray matter, and then we will consider my nerves. You will then know about me all that I feel at liberty to reveal at the present time.

Of course you have heard of my brain and spinal cord, the former being contained in the cranial cavity and the latter dangling down the spinal canal as far as the lower border of the first lumbar vertebra. Perhaps you thought that the spinal cord extended the whole length of the spinal canal, but if so let me correct your impression. The spinal cord goes no farther than what in common language is called the small of the back. The spinal canal below this point is occupied by large bundles of nerves which have been given off from the spinal cord, but which have not yet been able to escape through the intervertebral foramina. As they thus fill the lower part of the spinal canal, the fibers of these nerves lie so straight and spread-out-like that they bear a very close resemblance to a well-formed horse's tail, and hence have been given the name of cauda equina.

Now the gray matter that enters into my formation is to be found in connection with the brain and spinal cord. Let me tell you where to look for it. Every human being, you know, is supposed to have brains, although from the way some people act you might think that there were exceptions to the rule. Such instances, however, are merely cases where the brain is probably asleep or defective, and consequently does not do itself justice. Now by my brain you must understand me to mean the entire contents of my cranial cavity. This in itself is a wonderful piece of mechanism that I should like to describe to you in detail if it were not foreign to my

present purpose. As it is, however, I will permit myself to give you simply the barest outlines concerning it, just enough in fact to acquaint you with my cerebro-spinal shape, hoping down in my heart that I may succeed in arousing your curiosity sufficiently to entice you to a more profound and detailed study of my structure as you will find it laid down in the standard works on human anatomy, for I am sure a careful study of my organization will amply repay you for all the study you will be able to put upon it.

My brain has three coverings, called membranes; the outer one, or *dura mater*, adheres closely in every part to the cranial cavity and serves to nourish the inner plate of the skull bones which form it; the inner one, known as the *pia mater*, is a vascular membrane for the nourishment of the brain substance itself, while the third membrane is simply a shut sac of delicate membranous structure which separates the *dura mater* from the *pia mater* and is called the *arachnoid membrane*, one surface of the *arachnoid* being closely adherent to the *dura mater*, giving it a smooth, shiny appearance, and the other resting loosely upon the outer surface of the *pia mater*.

Perhaps you did not know that the brain is constantly active and requires this arrangement of membranes to permit it to move about easily in its bony encasement without friction. The next time you get a chance, just watch the fontanelles of a young babe and you will notice that every time the child inspires the fontanelles sink in as though the brain were going to cave in and draw the skin in after it, while during expiration the fontanelles bulge instead. In this way is the brain constantly churned up and down by the motion of the lungs, so that the frequency of respirations affects profoundly the amount of blood contained in the brain, and hence also its size and condition. Besides this the pulsations of the large arteries which enter the brain by way of the holes at the base of the skull make the brain substance to its very outer surface quiver with every pulsation. This trip-hammer action of the blood stream on the brain substance is unremitting throughout life, so that you can readily see that between the influence of the lungs and the heart's action supplemented by the peristaltic movements of the arteries, the brain is never really at rest. That it may not be bruised by the forces of respiration and circulation which swell its proportions and crowd it against its bony encasement, or as these two varying pendulums of activity tend to draw away its contents, you will find

that the center of the brain is hollow, presenting a wonderfully constructed cavity known as the ventricular space. As this space is more or less filled with serum, which also separates the brain from the base of the skull, you can see that the brain rests upon a water bed, which keeps it from being injured as the respiration and the varying blood stream alternately expands and contracts it.

The brain is usually described as having four grand divisions, known as cerebrum, cerebellum, medulla oblongata and pons varolii. It is most all cerebrum, however, as this larger part of the brain fills the vault of the cranial cavity above the eyes and ears and extends from the forehead to the occiput. As far back as the ears this cerebrum rests also upon the bony surfaces which form the floor of the cranial cavity. This leaves but a small compartment at the back and lower part of the head to be occupied by the other three divisions of the brain. This little compartment is separated from the rest of the cranial cavity by a projection inward of the dura mater from the sides and back of the skull, roofing over the small part of the cranial cavity occupied by the cerebrum, cerebellum, medulla oblongata and pons varolii. It serves as a tent for these parts and prevents the posterior lobes of the cerebrum from resting down upon them. Of course it is named, as there is no integral part of anatomical structure which escapes a name. It is known as the tentorium cerebelli. The cerebellum, or smaller brain, occupies the back part of the base of the brain and is the second part in size. The medulla oblongata is in reality the upper end of the spinal cord expanded into a club shape and projected into the cranial cavity, resting to the extent of an inch and a quarter along the very base of the skull. The pons varolii surmounts the medulla and connects this with both the cerebrum and cerebellum. Thus is the pons varolii the veritable cross-roads of the entire brain. It is the connecting link which unites the four greatest parts with each other and with themselves. It rests on the base of the skull immediately in front of the medulla oblongata. The brain substance itself consists in part of gray matter and in part of white, the white matter forming bundles of fibers connecting different parts of the gray matter, or connecting the gray matter with the other parts of the body. There is gray and white matter in every division of the brain. In the cerebrum the whole surface of it, in front, behind, on the sides, above and below, is thickly covered

with a layer of it. The gray matter is about the color of ashes, and hence is otherwise known as cineritious substance. In the cerebrum this gray matter or cineritious substance not only covers its entire surface, over its convolutions down into its sulci, wrapping its lobes and padding its fissures in layers of comparatively uniform thickness, but is also found in the center of the brain, the floor of what we have spoken of as the ventricular cavity. In this situation it takes the form sometimes of large knots or well-rounded accumulations of gray matter called ganglia, and sometimes it is spread out into flat layers variously known as valves, commissures, etc. The names are of little consequence, the chief point being that gray matter makes a bark or covering for the cerebrum, for which reason it is sometimes called the cortex, and is found in nuggets, ganglia, or other forms, situated along the floor of the general ventricular cavity. In the cerebellum a similar arrangement prevails; that is, the gray matter covers the surface of the cerebellum, and some of it is found in its interior, having tooth-like processes known as the dentate body. The cerebellum, however, has no ventricular cavity. The upper part of the medulla oblongata forms the floor of the ventricular cavity, and is gray with the ashes of the cineritious substance, there being a thin layer of it covering its upper surface, and several small ganglia, where the gray matter is found accumulated into special ganglia.

The pons varolii, too, although mostly constituting nervous cords, which serve as connecting links between the different parts of the brain and between the brain and the rest of the body, nevertheless is not entirely devoid of gray matter, if it has a few ganglia in its interior. It is continuous with the upper surface of the medulla oblongata, and together with that compartment of the brain completes the lowest part of the floor of the ventricular cavity. Two parts of the brain, therefore, the cerebrum and the cerebellum, are covered with the gray matter and contain ganglia. The other two parts, the medulla oblongata and the pons varolii, have no cortex of gray matter, but ganglia of it in their anterior and upper surfaces. The gray matter of the spinal cord is all of it in the anterior of the cord, and if a cross-section is made of the cord, its shape is that of a bandy-legged capital letter H, the legs and the cross-bar being entirely of gray matter, while it is completely surrounded by white nervous cords proceeding longitudinally from the brain and

from the gray matter of the cord itself to their distal destination in the tissues. The gray matter in all parts of the brain and spinal cord consists of variously shaped cells, microscopical in their appearance, but massed together in countless numbers, of a grayish appearance which has won for them their name, the gray substance of the brain and spinal cord.

The nerves to which I now invite your attention are all to be traced at their central or proximal extremity to the gray matter of either the brain or spinal cord. The white matter of the brain is nothing but short nerve fibers or private telephones connecting different parts of the brain. By means of these short nerve cords or fibers the gray matter of one part of the cerebrum is held in constant and close communication with the gray substance of every other part, so that you will find these fibers running through the center of the brain in every conceivable direction, some of them running from before backward, some of them running diagonally, and some of them running directly from side to side. The so-called corpus callosum, which can be seen by separating the two halves of the cerebrum and looking from above downward in the center of the brain, is nothing but a great flat band of these fibers which runs from side to side, forming by its lower surface the roof of the ventricular cavity. The white fibers from the cerebellum pass from one side to the other by way of the pons varolii, and also by legs of white fibers which connect the gray matter of the cerebellum with the gray matter of the cerebrum.

The arrangement of the nerve fibers within the cranial cavity is extremely intricate and a fascinating study, as by connecting different parts of the brain it permits systematic receiving impressions from the outer world and consecutive thinking and harmonious willing and acting, for only as one set of gray cells knows what another set is doing can the cranial music make a symphony instead of discords in the activity of life. The gray cells are a vast concourse of intelligences that must act in harmony to coördinate thoughts, emotions, and brain activities of all kinds. My nerves which issue from my brain and spinal cord and connect this great battery of gray matter with the human machine which it is to both serve and control are known as cranial or spinal nerves, according to their origin. My cranial nerves, of course, all of them, start in my brain, and without exception they start from the base of the brain. They have their

origin along the base of the brain and find their exit from the cranial cavity, in holes, large or small, according to the size of the nerves, along its floor. There are an even dozen of my cranial nerves, which have various uses. Some of them serve as organs of special sense, while some of them are just nerves, like the spinal nerves. My story, although it might be interesting, would be too long for the present occasion if I should go into a detailed description of my nerves in their various specialties, and I must therefore desist, although I am strongly tempted to do so.

It is simply marvelous how the cells and fibers of one set of my nerves are so arranged as to respond to the vibrations of light, those of another to sound, those of another to taste, and those of another to smell, and how these faculties are never mixed in their functions, although to some extent they supplement each other, one nerve taking in an imperfect manner the functions of another that may be out of working order. It seems almost possible in some cases for the blind to see, the deaf to hear, the tasteless to detect flavors, and those who cannot smell to distinguish odors, vicariously. But I fancy it is all a matter of vibrations, and to do justice to the subject would require exhaustive research and voluminous writing; therefore this task will scarcely be expected of me at present. You are all of you so accustomed to each faculty performing its separate function that you may not be deeply interested except as a matter of curiosity in understanding how the ears can see or how eyes hear, how smell, or any one of the special faculties can take on the function of any other; but suffice it for the present to call attention to the great fact that in five different ways aside from that of intuition does the outer world appeal to my consciousness, and that all of these ways are provided for by five specialized cranial nerves. At their outer or distal extremity they receive light or sound or smell or taste, as the case may be, and convey the impression to the gray matter, to which their proximal end is connected, and then imprint upon the receiving tablet of the mind whatever communication from the outer world they may be called upon to convey. What the mind does with these constantly accumulating reports is for the discussion of the spiritual or unseen part of our wonderful family, which has the marvelous power of keeping the faculty at its post for further reports, or calling it off, as it may choose. You know yourself how eyes that are open sometimes see and sometimes do not, ears that



are in good working order sometimes hear and sometimes do not, how nostrils sometimes smell and sometimes take no notice of odors, and how the nerves of taste sometimes pay attention to flavors that appeal to them and sometimes seem to completely ignore them. I do not suppose that newspapers publish or act upon all the reports that are handed in to them. No more does the brain register for practical purposes all of the vibrations which come to it by way of its various nervous avenues. But my nerves are always on guard at any rate, and are ready for duty whenever summoned to perform it.

Most of my cranial nerves, like my spinal nervous system, have a fine wire or thread known as the axis cylinder, which is as long as the course of the nerve extending from its brain cell to its destination in the tissues. Wrapping this axis cylinder throughout its entire length and serving as an insulating medium to prevent induction of the electrical or magnetic forces which serve to convey impressions between the outer world and the gray matter, is what is known as the white substance of Schwann, the gelatinous matter of which completely surrounds the axis cylinder and protects it from harm and the loss of nerve force. The white substance of Schwann is held in shape by a tubular membrane known as neurilemma, which likewise extends from one end of the nerve filaments to the other. Nerve filaments seldom act singly, but bundles of them are combined together, and it is these bundles that are known as nerves. The nerve filaments are too small to be seen by the naked eye, but large bundles of them can be easily distinguished, and it is these bundles that can be readily traced by dissection, and are commonly known as nerves, and have consequently received different names, according to their location and destination.

All the nerves that issue from the spinal cord are known as spinal nerves, and leave the spinal canal between the various vertebræ of which the spine consists, their openings or exits being known as intervertebral foramina. At their spinal extremity each one starts by two roots, known as anterior and posterior roots, the posterior roots belonging to the nerves of sensation, being known as afferent nerves, from the sensitive surface of whatever part of the body they are distributed to the surface centers, the anterior roots belonging to motor cords, which are known as efferent nerves because they convey impressions from the nerve centers to the muscles, to some

part of which they are ultimately distributed. The nervous trunks which we come across in ordinary dissections are made up of both the nerves of motion and the nerves of sensation combined together. The skin is the great organ of sensation, and it is consequently upon its surface that the sensory nerves are distributed. All bodily motion, however, comes from muscles, and consequently it is to these structures that the motor filaments are in all cases distributed. If you can locate any part of my body that does not feel, in case my sensory nerves are in a normal condition, you will be able to find a spot to which sensory fibers have not been distributed; if you can find a muscle that will not contract, provided my motor nerves are in a normal state, you will have located a muscle which has received no motor filaments; but I think you will have to look pretty sharp for such a discovery as a muscle with no nerve to carry orders to what would be a worthless organ, and a skin surface, however small, devoid of sensation would be a waste area, provided my sensory nerves were intact. From this fact alone you can judge how accurately and minutely my nervous cords are laid, to each and every part of our composite man. I, the cerebro-spinal man, consider myself the associated press of our family. By making use of the nervous cords which proceed from my nervous centers, of the various reports which come to me from all parts of the human anatomy I can inform every part of what is going on in every other part. I can spread a knowledge of pain and danger until the entire organism is thrown into one stupendous panic, that will necessitate the suspension of all other business except attention to the disturbance, or by suppressing a report of my nerve centers and giving no heed to localized cries of anguish I can prevent riots and consternation of bodily organs, and permit the composite man to go on the even tenor of its way, although some local part may be sadly disabled. The question of bodily philosophy and bearing rests with my animating part. My duty is done when my courier service between the inner and outer world is accomplished. The sole and simple function of my spinal nerves, and of all my cranial nerves, even those of special sense, is to convey impressions received at the outer or distal ends of sensitive nerve filaments and convey them to nerve centers, and the full duty of my motor nerves, both spinal and those of my cranial nerves set apart for this purpose, is accomplished when I convey impulses from the nerve centers to whatever set of muscles

messages are sent to. Of course sometimes my messages cause attacks and sometimes retreats. Sometimes my composite man has to fight, sometimes to pray, and sometimes to die. Sometimes he has to work, and sometimes to play. Sometimes he is moved to expressions of keen delight, and sometimes is thrown into a physical expression of intense agony. I suppose the postman who collects letters and distributes them gets interested in the effects of the various messages which he carries to and fro and becomes deeply interested in the study of life which his avocation permits. My function is quite similar, and that is why I have a tendency, even in what should be a mere literal description of my construction and function, to go a little beyond what is expected of me and take some notice of passing events. I like that figure of the postman, it just suits me. I believe it is a fascination for observing the effects of messages which he carries that makes him contented with his task, which otherwise would be monotonous in its tireless and meaningless routine. This is certainly true of myself. I should deem the carrying of messages from periphery to center, and from center to periphery again, a dull task indeed if I could not have at the same time the opportunity of studying the effects of my news at both ends of my nerves. I told you that some of my messages brainward are panicky enough, while some are stale enough. But in all events impressions which I collect from the outer body and carry to the nerve centers of the brain and spinal cord are of sufficient variety and interest to keep the connecting links between the nerve centers in perpetual operation and to put them to their wit's end to know what disposition to make of the news brought in. And on the other hand, when the nerve centers decide what is to be done I study with equal interest the wonderful effect of the messages I carry to the muscular structures. I told you the business of life could not go on without my services, and I am newsy enough in my make-up to enjoy my task as a go-between.

When I speak of moving muscles, of course I mean the voluntary muscles. There is another set of muscles over which I have no jurisdiction, and concerning which I have nothing to say. They have already been mentioned by the muscular man himself, and will be referred to again when my sympathetic brother—and I guess I ought to call her sister instead—takes the platform. You might infer from what I have said to you that from a nervous standpoint

I myself, the cerebro-spinal man, was the whole thing, but in this you are greatly mistaken. I have said nothing of my sympathetic sister, for if there is a girl in our family the sympathetic nerve is she, simply because she is perfectly capable of speaking for herself. She has brains, as indeed all women have, and she is one of the few women that knows how to use them, too. Then, too, my own story has been so long, and I have by no means done it ample justice as it is, for I have had no time for referring to other members of the family. The sympathetic man, for we still call her a man in spite of her womanly qualities, will be the next of our brotherhood to invite your attention. There is no more interesting history connected with our brotherhood of shapes than that of the sympathetic man, and this shape is so quiet and unobtrusive in matters of everyday life that most of the next autobiography will be new to you. Oh, say! there is so much that I have not told you about myself that I do not like to stop. I have not said a word about the manner in which I am associated with the sympathetic man, have not touched the subject of automatic reflex nerve centers, have not spoken of the tactile corpuscles by which my sense of touch is accomplished, have said nothing about diseases which are prone to afflict me, have not spoken of my methods of development, repair and decay, and I feel that my nerves of special sense are feeling considerably slighted at not having received a more elaborate and extensive mention. But nevertheless my main object has been accomplished if I have impressed upon you the fact that I am a human form, with dimensions and organs and bodily structures coequal with that of my brother shapes. My height and girth and reach are identical with that of my brothers. I, too, have head, eyes, ears, nose, throat, and organs coequal with the rest of our remarkable family.

Reckon me, then, as one of the great brotherhood of shapes entering into the formation of the composite man, and I will forgive myself for not commanding a longer audience before you.

Do not forget to bring your notebooks when my sympathetic brother addresses you, for heretofore he has not been sufficiently noticed in the history of the human form divine.

E. H. PRATT.

# CLIPPINGS AND COMMENTS.

C. A. WEIRICK, M.D.

CHICAGO.

91. A WORD CONCERNING PILES.—By J. R. Pennington, M.D., Chicago.—Piles are among the most common ailments that affect mankind. But few people arrive at the age of maturity without at some time or other being more or less affected with the hemorrhoidal disease, or some other rectal disorder which they call piles. As a rule, these patients consult their family physician for relief. He, following the ordinary custom, makes no examination, but accepts the patient's diagnosis, and prescribes an ointment. This is an error: (1) Because every physician should make his own diagnosis before prescribing. (2) Because nearly every disease of the rectum is called piles by the layman. The necessity and importance, then, of an examination when medical aid is sought is very apparent. Upon examination you may find an abscess, fistula, pruritus, polypus, eczema, cancer, and so forth, instead of piles; or, should the patient be correct, by what means would you know the variety which must govern intelligent treatment? Should you make this mistake, the patient will not receive very satisfactory relief from your advice, and may, therefore, become a walking advertisement against you, and finally drift into the hands of another physician, who will criticise your error in diagnosis and method of practice. If, upon examination, you find that the patient actually has piles, then ascertain the variety; that is, whether they are external or internal, protruding or non-protruding, bleeding or non-bleeding; for upon this must depend your line of treatment. You would not think of treating an internal protruding pile the same as an external one; neither would you treat a thrombotic pile as you would the capillary variety; nor would you advise the same treatment for an inflamed as a non-inflamed one. Piles, according to their origin, are divided into two general classes, namely, external and internal. Hilton's white line is the dividing point between them. The former are covered with skin; the latter with mucous membrane. The latter will usually remain above the sphincter when pushed beyond it; the former will not. The former are very painful when in an inflamed state; the latter not so much so if retained above the sphincter. The former do not, as a rule, bleed; the latter frequently do.

Piles do not itch, but they may cause pruritus. There is still another variety, the intero-external pile, so called because it partakes of both the external and internal class. It is covered with both skin and mucous membrane, and if pushed above the sphincter, will not remain there. External piles are divided into (1) thrombotic, (2) external tag or tags of skin. The latter may become inflamed upon slight provocation, and when in this state constitute one of the most painful varieties. The ointment prescription in such a state would be practically useless. Hot or cold applications, or a lead and opium lotion, if an astringent is indicated, will be the most beneficial and grateful to the patient. The bowels must be kept open daily.

A permanent cure, however, will usually necessitate the removal of the tumor or tumors. Do not attempt to push this pile beyond the sphincter; it does not belong there. Internal piles require a different plan of treatment. They may not cause much annoyance, except protruding occasionally. Two dangers, however, confront every patient thus afflicted; first, hemorrhage; second, strangulation of the tumors. The bleeding even from a small capillary pile may prove fatal, and strangulation of the pile mass by the sphincter

may cause sloughing, hemorrhage, sepsis, or gangrene. The indiscriminate use of ointments in these cases is of no more value than in the external variety mentioned above. These sufferers should precede defecation with an injection of cool water, for two reasons: First, it facilitates the movement of the bowels; second, cool water is one of the best local astringents for this condition. When defecation is completed, use cottonoid, or bits of absorbent cotton soaked in water, as a detergent, after which bathe them thoroughly in cold water, then apply an astringent yet soothing ointment and reduce them. If there is much hemorrhage, locate its source and treat it according to indications.

When patients complaining of itching piles seek your advice, it will frequently be found that they have pruritus independent of any hemorrhoidal trouble. It must not be forgotten, however, that piles frequently cause itching around the anus. In the latter condition it will be necessary to remove the cause before relief can be hoped for. A prescription, however, of calomel, menthol, oxide of zinc, carbolic acid, and vaseline, will often give much relief. Painting the part with campho-phenique is also a good palliative measure. Should it be a case of pruritus pure and simple, the above prescriptions may, as they often have, prove curative. It must be remembered, however, that these measures are, in most instances, only palliative, and that a permanent cure will necessitate more radical means.

This is such a good word that we insert all of it and call special attention to a few of the statements. Most adults have, or have had, piles; that being the case, is it not about time that those of the profession who have carefully investigated the subject stop ridiculing those who have not only learned from their own experience, but also from that of others, that a patient with a chronic ailment is not thoroughly examined until an examination of the rectum has been made? Notwithstanding so much has been accomplished by doctors in relieving human suffering, and also in preventing it, yet with thousands still unrelieved, after long and faithful service rendered by physicians who are familiar with the known measures advised for relief, it is a humanitarian duty to encourage the greatest liberality of thought and encourage the broadest possible investigation. Ridicule is the weakest kind of weapon; it influences only the unstable mind; it disappears before silence; it is the greatest boomerang known. The doctor advises an examination of the rectum. How strange that it is necessary to advise the examination of an organ that is diseased. But the advice is necessary, as is shown in his second reason given for making it, the numerous diseases which it is liable to have, require that it be examined and that intelligent treatment be given; it also should be examined because of its influence on the condition of other organs. This last reason is certainly supported by the following extract of an article on the anus from the North American Journal of Diagnosis and Practice by that thorough investigator, Dr. Byron Robinson: "In too profound anesthesia or suspended animation, rapid dilatation of the anus flushes the capillaries, excites the diaphragm to act, induces a braying sound, causing respiration and circulation to begin anew. It rings up vast reflexes." If dilatation of the anus produces such marked systemic effects, then diseased conditions at the anal

opening will affect the entire system, as has been proven over and over again.

A permanent cure of piles, he says, will usually necessitate their removal. Ointments he thinks of little value. A well-known and able physician, of large experience, publicly made the statement that he cured all cases of piles by remedies; yet in a few weeks afterward we were consulted by one of his cases who had been treated over a year by him without being cured. The doctor was simply mistaken, doubtless due to the fact that he called an amelioration of the symptoms a cure, and possibly a neglect to make an examination.

92. *The Medical Summary* contains an article by W. R. D. Blackwood, M.D., on "Europhen," which is highly commended. He reports a patient who had eight different operations on his turbinates, pharyngeal tonsils, vomer, and eustachian tubes. These operations, with usual treatments, extended over a period of six years and did not afford patient slightest degree of relief. Europhen cured in three weeks.

The doctor uses it with success in suppuration of ear. He says, "I have treated now about two hundred cases of drum perforation, due to middle ear disease, in this manner, and in all the results were thoroughly successful." He obtains good results with it in varicose ulcers of the leg, chancres or chancroids, gleet, "scalds" of infants, barber's itch, and diphtheria. In hemorrhoids, before he would either inject or use the knife, europhen has caused many cases to give way.

We are sometimes led to think that the world, the scientific world, does move forward and backward. First diseases were cured by influences brought to bear on the mind in the shape of incantations, beating of drums, dancing and gesticulations. Then "scientific medicine" took a stride forward, and shall it be said upward, cat skins, the raw surface of a live chicken, and internally chamber and began using local and internal medication in the shape of black cat skins, the raw surface of a live chicken, and internally chamber lye and molasses, with sundry nauseating preparations made from vermin and reptiles. This treatment was the step that separated the medicine of barbarism from that of civilization. Then came medicine that would cure, doctors were positive it would cure; just as positive as were their barbarian ancestors of the efficacy of their treatment. It would even cure hemorrhoids. Then came another advance and it was found that surgery would cure many of the diseases that it had been erroneously claimed were curable by medicine. Then came that which for years had been struggling for recognition under the names of Braidism, clairvoyance, mental science, and finally hypnotism. "Many of the brilliant achievements in surgery

are due more to the psychic influences than to the knife," said one of the medical teachers of the day; and thereby takes his medical stand by the side of the medicine man, physician to the noble red man of the forest. The former, no less than the latter, tries to drive away disease by influences brought to bear on the mind. We pitied the Indian because he lived in such medical darkness. But now after all these years must we admit that what he has been doing is almost entirely in the line of psychic treatment? If so, does medical science move forward or backward? If so, are not his methods of dancing about the patient better than ours of cutting the patient to exert this psychic influence? If the statement made in the quotation be true, the Zulus or the Philipinos should, for the good of humanity, assimilate us. But to return to europa, we do not know if it will necessitate going forward or backward; time alone will tell. In the treatment of hemorrhoids it cures, so says the writer of the clipping, those cases which heretofore were supposed to be only amenable to surgery. Such being the case, back we go again to medicine in the treatment of this disorder. The bacteriologist has discovered that there is a hemorrhoidal bacillus that causes hemorrhoids; that being the case, if europa is the effective germicide that is claimed then their treatment will be made easy.

93. Hemorrhoids occur in all walks of life, and with about equal frequency among the two sexes. Few people of middle age escape without in some degree suffering from them. Some occupations and modes of life undoubtedly act as predisposing causes in the production of this disease. Some authorities regard the affection as often of an hereditary nature, but the consensus of opinion at the present day is against that view.

Mr. Harrison Cripps, F.R.C.S., writing on this point, states: "Without for a moment believing that the actual piles are inherited, I think it not unlikely that such predisposing causes as a weak sphincter muscle, abnormal thinness or delicacy of the skin and mucous membrane, or even deficiency in thickness in the coats of the vessels, may be a transmitted tendency, increasing the liability to piles."

Hemorrhoids rarely occur before puberty. Those causes which determine blood to the rectum, or which impede its return from the pelvis, tend to produce this malady. Drastic purgatives; the accumulation of feces, occurring in constipation; disease of the liver interrupting portal circulation; abdominal tumors pressing on the inferior mesenteric vein; the impediments to the circulation caused in women by the gravid uterus, especially during labor; the strain induced in urination when urethra is obstructed, as in stricture, or by the presence of an enlarged prostate; violent exercise, as in playing hand-ball, may all be regarded as causes of hemorrhoids. Among other causes of this disease may be mentioned diarrhea, sitting on damp or cold seats, friction from clothing, the employment of printed paper for detergent purposes, from which the ink readily comes off; and, finally, the neglect of observing necessary cleanliness of the part—some persons seeming to forget that the anus requires as much, if not more, washing as any other part of the body. From the description given, and after a careful examination has been made, the diagnosis of external piles should not be a difficult matter. It is uncertain the length of time it will take to afford relief from pain when palliative treatment is pursued. The radical cure of piles insures almost immediate relief from pain, and a cure in the course of a week to ten days. The local condition is not the only point for consideration in the treatment for external hemorrhoids. Permanent relief or the most satisfactory results



are obtained by the correction or removal of those causes, systemic or local, which are the predisposing, if not the exciting, factor in the production of the disease under consideration. A few of the more important conditions will now be considered.

(a) Regularity in the time of going to the closet is the first step to be taken in the correction of this condition. Patient should be directed to go at the same hour every day, whether the desire exists or not. Before or after the morning meal will usually prove the best time. Physical exercise is another very important factor in correcting costiveness. To be of benefit it must be taken regularly. Certain articles of food often aid in the removal of this affection, such as the fruits, of which apples, oranges and prunes are the best. A dozen uncooked French prunes eaten before retiring will be found a very agreeable laxative. Medically, the treatment of constipation covers a wide range of remedies. No one plan can be outlined that will benefit all, or even the majority of persons so afflicted. In some instances a tumbling of hot or cold water taken before breakfast will nicely regulate the bowels. Elderly persons often find it of advantage to take the water before each meal. Should this fail, the mineral waters may be tried, of which the Hunyadi Janos is by far the most satisfactory in every way. A wineglassful of this water, followed by a similar quantity of hot water, taken the first thing in the morning, is the dose which should be employed. It will be found to cause a free movement in one to three hours afterward, and in cases of this kind will be found exceedingly beneficial. Fluid extract of cascara with equal parts of glycerin, in doses of 30 to 60 drops, at bedtime, will always prove useful.

(b) If dependent upon a gouty or lithic acid diathesis, the treatment must be directed toward the relieving of these conditions. In all cases the diet should be carefully regulated. Meat should be taken in small quantities. Rich gravies, sauces and pastry are to be avoided, as well as all sweets. The use of alcohol should be restricted. All wines, except claret, are particularly objectionable. Considerable benefit is to be derived from the use of aperient medicines, of which the salines are the best, as the sodium phosphate or the sulphate, or some of the natural mineral waters. In a number of cases marked improvement results from the use of mercury in some form, such as fractional doses of calomel, or blue mass in five to ten grain doses. Ammonium chloride, in ten to fifteen grain doses, four times daily, is a useful remedy in hepatic congestion. Strong nitrohydrochloric acid, in combination with the tincture of nux vomica and the compound tincture of gentian, in the proportions of one-half a fluid drachm of the acid to one-half a fluid ounce of the remaining drugs, often proves of value when administered in doses of twenty-five drops in a wineglassful of water three times a day after meals. Turkish baths are beneficial when taken once or twice a week. Massage is of decided advantage. Lithium salts are indicated, either in the form of the effervescing citrate, or the waters of some of the numerous mineral springs. In some cases the wine of colchicum is an efficient remedy, in doses of from five to twenty minims.

(c) These, when accompanied by destruction of the capillary vessels, are rather subordinate factors in the causation of piles, but nevertheless demand consideration and treatment when associated with the malady under discussion.

(d) Polypi, irritable ulcer of the rectum (more commonly called fissure), rectal stricture, phimosis, adherent prepuce, stone in the bladder, enlarged prostate, urethral stricture, malpositions of the uterus, and growths or other diseases of that organ, as well as of its appendages, must receive attention before we can hope to deal satisfactorily with the hemorrhoids. Errors in diet and mode of living should likewise receive proper attention.

The local treatment of external piles will be considered later.

To these causes may be added the following: Habitual use of alcoholic beverages. Their use paralyzes the muscular coats of the peripheral blood vessels and weakens the heart's action, thereby causing congestion in some the peripheral vessels, and where these vessels, as the hemorrhoidal veins, are tortuous in their arrange-

ment there is blood stasis, which results in the formation of hemorrhoids in the part supplied with above vessels. Violent or excessive straining at stool is a very common cause. Doctors are quite unanimous in the opinion that regular attempts to defecate are essential to the cure of constipation, but every patient should be impressed with the fact that frequent, violent, long continued straining in the attempt to evacuate the bowels is productive of hemorrhoids, and not nearly so efficacious in overcoming constipation as frequent gentle intermittent efforts at stool during a sitting of ten or fifteen minutes.

Pregnancy is a cause, or perhaps, more properly speaking, is an exciting cause, developing them in those predisposed to hemorrhoids. The same causes that will produce varicose veins in other parts of the body produce hemorrhoids. They are frequently found in those having either varicocele or varicosities on the legs.

Plethoric subjects are very liable to have piles, unless they pursue an active occupation, and one that does not require violent straining. They are seldom developed during an anemic condition, and when found in this state, existed before it occurred, or are developed in those anemic subjects who are corpulent. They may cause anemia.

Pockets and papillæ are predisposing causes.

94. The German Surgical Society of Berlin—Goult. Out of 2,286 cases anesthetized with chloroform there were 88 deaths; of 6,020 cases in which ether was used, 7 deaths. Louchett, of Mt. Sinai Hospital, reports 4,263 cases anesthetized with chloroform, with 1 death, and 4,673 with ether, with no death.

95. OVARIAN NEURALGIA.—(Martin.)

R Extract of belladonna.....gr. iiii  
 Extract of stramonium.....gr. iiss  
 Lactophenin.....gr. 90  
 M.—Fiat powders, No. 20.  
 Sig.—Two to three per day.

96. APPENDICITIS MAXIMS.—By M. O. Terry, M.D., Utica, N. Y., ex-Surgeon-General State of New York.—Remember that constipation and irregularity of the bowels are the factors to be considered, and that diarrhea is simply an effort on the part of nature to relieve impaction, congestion and inflammation.

2. That cathartic medicine in some form should be administered at once, but that half an ounce of castor oil and same quantity of sweet oil is to be preferred, followed immediately by a glass of hot water, which dose is to be repeated in three hours unless a thorough evacuation has been induced.

3. That the condition of the bowels desired is a stool free from hard lumps and yellow in character.

4. That morphine or opiates in any form should *never* be given in any state of the difficulty, as it smothers symptoms and arrests the peristalsis of the bowels, a condition found in impaction, which at times nature tries to relieve by diarrhea.

5. That for *pain* speedy relief is obtained by repeated hot flaxseed poultices covered with hot sweet oil or applied to the abdomen before the poultice; also that enemas of half a pint of sweet oil followed by soap or soda water in large quantities are useful.

6. That in sharp attacks the high or colon enema should be given, and at times the patients should be placed in the Trendelenburg position.

7. That glycerine and water, in the proportion of 1 to 4, is to be used at times to dissolve impaction.

8. That food in acute attacks should be omitted and only water allowed and that freely. Later, oatmeal gruel strained, milk peptonized, mutton or chicken broth with strained rice gruel.

9. All of the above suggestions should be carried out as indicated, vigorously, systematically, and perseveringly.

10. The remedies used throughout, as indicated, are: Aconite, veratrum vir., belladonna, bryonia, phenacetine, calomel and soda tablets, pulsatilla, and arsenicum. Tinctures are given in doses graded to the inflammation and idiosyncrasy of the patient in hand.

11. The calomel is given for two purposes in conjunction with the soda: (a) For its cathartic effect when the castor oil cannot be taken. It will be necessary in these cases to give from two and a half grains, with three times the amount of soda, followed by a glass of hot water, to five and occasionally ten grains.

12. (b) For chronic recurrent appendicitis with marked thickening, and plastic exudate into the surrounding tissues.

13. If you ask when to operate, I advise following the indicated line of rational surgery. If the quick pulse and pain do not subside speedily, or show improvement within a few hours, it will be good surgery to operate—if the patient will allow you to do so. If they do not, continue the "Oil Treatment" *vigorously*.

14. The easily diagnosed pus case requires speedy surgical attention.

15. That half an ounce of sweet oil followed by a glass of hot water, taken half an hour before meals, should be continued until pain or soreness ceases, which may be three months. As improvement ensues take two doses a day, and finally one.

Dr. Terry is a strong supporter of the oil treatment of appendicitis. The above maxims by him are inserted because of his large experience with the disease, and because he, a surgeon, has opposed operating in such a large per cent of cases which other prominent surgeons think require it.

Six months ago we tried hot air on two cases. One had been confined to bed for a week, but was able to be around when first tried. At that time he had constant pain in the region of appendix, greatly aggravated by pressure. He was entirely relieved after two treatments, two days apart.

Case No. 2 was not confined to bed. After having pain in appendix for several days, growing steadily worse, we saw her. The temperature was about 100° F. Pain severe on pressure over appendix. Pain disappeared after five treatments, one daily. There has been no return in either case. It was used on a chronic case daily for one week without in the least benefiting the case.

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## REMARKS UPON THE PAPER OF DR. LOUISA M. HAYES, ENTITLED "OSTEOPATHY."\*

At the conclusion of the reading of the paper by Dr. Hayes the chairman of the meeting called for remarks from the members of the society, and as no one responded the chairman remarked:

"Dr. Pratt, I think the members of the society are afraid of you." Dr. Pratt replied:

"I can assure you, sir, they have no reason to be, but is it desirable that I should retire that the paper may be properly discussed?"

The Chairman: That is not it, Doctor; they all want to hear what you have to say upon the subject.

Dr. Pratt: What subject?

The Chairman: The subject of osteopathy.

Dr. Pratt: I much prefer, sir, to remain silent and listen to what the members of your society have to say for themselves. Nevertheless, if it is the desire of the society that I should make some remarks upon the subject of osteopathy I am at your service.

The Chairman: I know that is what the members want, Doctor, and we shall be glad to hear whatever you may have to offer us upon the subject.

Dr. Pratt: Well, Mr. President and members of the society, you will have to be satisfied with a purely extemporaneous effort, for your request for me to speak upon the subject is so complete a surprise as to take me wholly unawares. Nevertheless, I am more or less familiar with the subject of osteopathy and my ideas upon

\*Read before the Minnesota Homeopathic State Society on May 18, 1899.

the subject are tolerably well defined, and it will not be difficult to give you an idea of my personal position in reference to the subject. I am thoroughly convinced that there is great merit in osteopathic practice, and that it has come to stay.

When one stops to think that all pathology begins in blood stasis or congestion, the life stream being blockaded from some cause or other, so that the bodily commerce locally or generally is interfered with, it stands to reason that any measure that is capable of flushing capillaries or influencing the blood stream either locally or generally is an agent for good in the healing of the sick, and too many measures of this kind cannot be at the command of those who are practicing the healing art. All healing measures, whether they be suggestion, or electricity, or drugs, or orificial surgery, or osteopathy, or what not, accomplish their work by influencing in part or in whole capillary circulation. Every cell that has found its place in the construction of the human body was planted there by a blood stream. Every bit of nourishment that reaches the tissues is carried by a blood stream. The debris of every cell that dies, the waste and worn-out matter resulting from the bodily wear and tear is also carried away by the blood stream, or the lymphatics whose ultimate destination is the blood stream, so that the circulation of the blood is responsible for all bodily commerce.

As osteopathy has the power of influencing this current of life, being capable of increasing or decreasing the blood supply according to the manner in which it is applied, its value as a remedial agent must be at once apparent to any fair-minded practitioner. The paper we have just listened to by Dr. Hayes is a very able presentation of the subject, and I am proud of the liberal spirit of the Minnesota Homeopathic State Society that they should have invited the Doctor to prepare a paper upon this subject and should have listened to its presentation with such respectful attention. It shows an absence of prejudice on the part of the doctors of the Northwest that might be emulated by other state societies with advantage. It shows that you are a progressive and fair-minded body of men and women, and that you are truth seekers in the real sense of the term, not permitting your prejudice to stand in the way of your giving any new subject of value a fair hearing. On the other hand, I must confess to being a little out of conceit with the osteopaths themselves. Their extravagant claims, their haughty bearing, their conceited

assumptions, display a stupendous amount of ignorance, which should be dispelled by education, and of iconoclastic propensities, which should be most thoroughly censured. Osteopathy is not, never has been, and never will be the whole thing; and to claim that it is a panacea for human ills is a vain pose, born of conceit and fostered by ignorance. Why, do you know that if the osteopaths could have their way, acting from their present limited knowledge, they would tear down the entire and superb temple of medicine, stone by stone, which it has taken all the preceding generations of medical men from time immemorial to erect? With ruthless and merciless stupidity they would throw aside all the accumulated medical knowledge of the ages and offer as a substitute for the doctors' lore their one, many times useful, and yet lamentably inadequate means for relieving all types of human suffering. It is little wonder that their extravagant claims to universal recognition have been so repeatedly challenged and legislated against as a matter of public safety. They seem to think that in order that the single truth for which they stand shall be appreciated it is necessary for them to annihilate all the good and faithful measures that have for so long a time been found efficient in the service of humanity. Their reasoning to this end is sophistical and misleading. Supposing it to be a fact that in spite of the doctor sickness still prevails and death still claims its own, this by no means proves that much suffering is not relieved and multitudes of lives greatly prolonged by the aid of medical men and their numerous measures. The world would not be better off without its doctors, in spite of all their mistakes and shortcomings and the incompleteness of their knowledge and equipment. To be sure, what the medical profession has not done in the way of curing and eradicating disease from humankind is lamentably colossal, but what it has accomplished is much more colossal. It simply shows that what has already proved efficient in the practice of medicine needs further supplementing, and that whatever measure will be found serviceable in treating the great mass of cases that are still recognized as incurables by medical men should have its place after the initiation of a fair trial with the already established remedial agents that by their good records have earned their right to permanent recognition.

If the same argument was turned against the osteopaths themselves the fallacy of their reasoning would be apparent. If there

are multitudes who are incurable by the ordinary measures of medical men there would be still greater multitudes of incurables if the healers of the sick had no more efficient and universally applicable means for their relief than those furnished by osteopaths. When a bully enters a school he will soon get the chip knocked off his shoulder by some scholar of merit and be compelled to fight his way into a proper condition of respectful humility. Whereas a more modest scholar can join a new class of schoolfellows without undergoing so severe an initiation. Osteopathy must stop attempting to bully the medical profession and hoodwink the public by claims too extravagant to be sustained by its real merit. I know it to be true that osteopathy can accomplish many cures that are impossible without it, but I also know that the medical profession can accomplish a still greater number of cures that would be impossible if the entire medical temple was destroyed and its substantial, resourceful and time-honored members were relegated to oblivion.

That osteopathy shall live and be appreciated it is by no means necessary that doctors of medicine should become an extinct race. Doctors are earnest truth seekers and are only too anxious to make use of anything that will relieve human suffering. Whatever truth there is in osteopathy is wanted not only by the laity, but by the medical profession. All the fight against osteopathy has been inaugurated against the arrogance and conceit of the new candidate for medical honors. Indeed, the most skillful and advanced practitioners of osteopathy have learned that their art has its limitations and are noticeably less pronounced than formerly in their opposition to other means of healing. They are beginning to recognize that while doctors need their help and that the remedial measure which they employ is in reality but a part of the general practice of medicine, and while it deserves to be received as such, it is not entitled to be considered as a panacea for human ills. As osteopaths, as a result of their experience, get more of the conceit taken out of them and appreciate the limitations of their work, they will find their proper place in the treatment of disease and be accorded credit for the full value of their services. The knowledge which they have is valuable, has a wide scope of application, and should be universally recognized and employed in proper cases by medical men, and such I predict will be the final issue of events. But the osteopathic system of healing has acquired the ill odor from which

it suffers by simply parading itself with so much arrogance and self-importance as to disgust better informed and better balanced students of medicine.

Suggestive therapeutics has had, and is still having a similar experience. Because by eradicating fear it could warm hands and feet, by relieving anxiety and worry it was found to be helpful in insomnia and digestive disorders, by focusing the attention of the patient upon health rather than upon disease, it has proved itself serviceable in eradicating various forms of human suffering, it became conceited and tried to persuade the world that it could dispense with its doctors. As a result it secured a more tardy recognition at the hands not only of the profession, but of the laity than would otherwise have been accorded it, and is still denied the substantial and universal recognition to which it is entitled.

Orificial surgery, another measure of comparatively recent origin that was ambitious for universal recognition because it can flush capillaries, stop sympathetic nerve waste, stimulate reactive power and secure the recovery of multitudes of sufferers for whom without it there seemed no relief, escapes being blackballed by the medical profession only by making no claim that cannot be readily substantiated, and by giving due credit to all remedial measures known to medical men which have proven themselves worthy of permanent recognition. For various reasons not pertinent to the present occasion orificial surgery was an unwelcome guest not only to the medical world, but to the laity, for the recognition of its fundamental principles and their methods of application involved a revelation of present facts and conditions on the part of the patients which were not only mischievous in their operation but humiliating upon disclosure. In consequence of this fact and many other reasons unnecessary to mention here its first reception by the medical profession was an exceedingly chilly one. But it was kept clean from all false pretensions, was not permitted to antagonize or damage the reputation of well-established methods of cure, and although the new truth which it brought into the world involved most radical changes in the diagnosis, prognosis and treatment of all types of human disease, it soon won its way to an extensive appreciation and is no longer a target for medical satire and opposition.

Osteopathy has been less fortunate in its experience simply because its pretensions have been extravagant and its bearing toward



the medical profession arrogant and iconoclastic. There is so much good in osteopathy that it can ill afford to win for itself by bad manners so undesirable a reputation as it has up to the present time enjoyed. Let osteopaths stop their fighting and attend to their legitimate business. Let them master their art and in a respectful manner tender it to the medical profession for their recognition and adoption. If they do this voluntarily they will be able to escape compulsion in the matter.

I enjoyed the paper of Dr. Hayes greatly, for it was ably prepared and well delivered. I enjoy the liberality of the Minnesota Homeopathic State Society in giving a part of their valuable session to the consideration of this valuable subject. I enjoy the study and practice of osteopathy itself, for it has served me many a good turn in my practice among chronic invalids, and I would be nothing but a cowardly ingrate if I refrained from public as well as private indorsement of this fact. I know something of the subject already, and am anxious to learn more. I commend it to this society as a theme well worthy of their careful consideration. But it will never fulfill the great mission of which it is capable until it drops its pretentious claim of being a school of medicine complete in itself and recognizes the stubborn fact that while it is a valuable remedy in the treatment of many forms of chronic disease it is by no means a cure-all, and that although the world stands in need of it, it still needs all the means of healing that have been found serviceable in the past. It stands in need of the world and all of value that it contains. It is a good thing, but not the only good thing. It deserves to live, but to establish its own life it is not at all necessary for it to be murderous. It can never be the whole of medical practice, but should be, and will be, a part of it. Its name may be a misnomer, but it differs sufficiently from Swedish movement cure and all other forms of bodily manipulations to entitle it to distinctive recognition, and this it will receive. But it is not of sufficient importance to dispense with all other means of helpfulness. It is a desirable remedy, but it can only hope to be one of a long list of other remedies equally deserving permanent recognition and employment.

E. H. PRATT.

## THE NERVE MECHANISM OF THE PELVIS AND ASSOCIATED REGIONS.

BYRON ROBINSON,\* B.S., M.D.

*(Continued from January Number.)*

The chief center of pain for the periphery apparatus of skin or mucosa lies in the posterior sensory ganglia of the spinal cord.

Disease in either the spinal sensory ganglia or the sensory periphery, unbalances the nervous system. Analysis and clinical observation would indicate that the hyperesthesia and anesthesia are of central (cerebro-spinal) origin. Head, of England, reported some ingenious experiments, in which every visceral disease is announced through the sympathetic nerve by a specific zone of skin tenderness. The center of the sympathetic fiber lies directly in the sensory nerve. If a sympathetic irritation arises it is reflected on the tract of the sensory nerve to its specific skin periphery. The result is a specific tender skin zone. In fact, Head allots a typical sensory skin zone for each individual viscus. For example, there is a specific zone of skin tenderness for a stone in the kidneys, a stone in the gall bladder, or a diseased uterus or ovary. However, this is only another way of saying that visceral irritation passes to the spinal cord, and after reorganization, radiates on the muscular nerves of the abdomen and also on the skin nerves of the abdomen. Irritation of the periphery of visceral, muscular, or skin nerves, affects the other two by reflection. In any case, the process of transmission of pain from periphery to center is a complicated one. The variation of intensity of pain is equally shared by variation of its quality as boring, sticking, burning, cutting, tearing, dull and jumping pain. One can suppose an organ pain, as a toothache, an earache, ovarian pain, uterine and intestinal colic, tenesmus of urethra or rectum. Organ pains require an agent or irritation to start them, and are not a quality of the nerves of the viscus itself.

From practical gynecology, pain may be classified as follows, viz:

1. Traumatic (wound) pain, the irritation of sensory nerves from external insults. Frequent examples of traumatic pain

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occur in the urethral, vulval, hymenial, perineal, and anal lacerations. The pain is acute, but quickly subsides. However, it is easily revived by functioning of the organs, or secretions flowing on the wound. Destruction of nerves, as from burns or chemicals has the most intense and persistent pain. Patients generally describe traumatic (wound) pain as burning or smarting. An ice bag is effectual in alleviating such pain.

2. Contractile (colic) pain, the irritation of the sensory nerves through muscular contraction. It is vascular spasm. The well known examples of contractile pain (colic) are uterine and intestinal colic, the over-filled rectum, oviducts, or urinal or gall bladder. Vaginismus, though of other origin, is a typical example. This pain is rhythmic or peristaltic. It rises to a maximum and sinks to a minimum. It is described as an ache.

3. Inflammatory pain, the irritation caused by trophic changes in sensory nerves. The changes are produced by pressure (exudation) or chemical effects on the sensory nerve endings. It is the degenerative disturbance in the sensory nerve area. Its conditions are calor, rubor, tumor,—dolor. The pain, though complicated, is described as sticky, cutting, and beating, and as a rule is extraordinarily painful.

4. Neuralgic pain, the irritation produced by changes in the sensory nerve itself and perhaps its ganglion. Neuralgic pain is characterized by attacks and intermissions. It is typically observed in herpes zoster and herpes vulvaris. The neuralgic pain is described as lancinating or lightning-like in character. It is characteristic for neuralgic pain to remain limited to a definite nerve territory. It is unilateral. It commonly attacks the ilio-inguinal nerve or external cutaneous, also the pudendal and intercostal.

5. Hysterical pain, the irritation caused by disturbances in the cerebro-spinal system. This pain is limited to no organ or nerve zone. It exists perhaps equally among men, women, and children. Hysteria has no more to do with the uterus than with the liver or testicle. It is not a gynecologic disease. It is true, gynecologic subjects possess it, but often from devitalized power. It exists independent of nerve distribution. It is not influenced by rest, or scarcely, perhaps, through drugs. The fundamental cause of hysteria is heredity, the transmission of defects or a neuropathic condition. The provocative agent of hysteria is some debilitating

effect, mental or physical. • Dr. Lomer insists that the hyperesthetic and anesthetic zones of the skin are geometrical figures. Hysteria depends on psychical alteration. It is generally described as burning pain. The two chief therapeutic agents for hysteria are (a) suggestions and (b) limited galvanic electricity. Hyperesthesia may perhaps exist in any viscus, and the typical characteristic

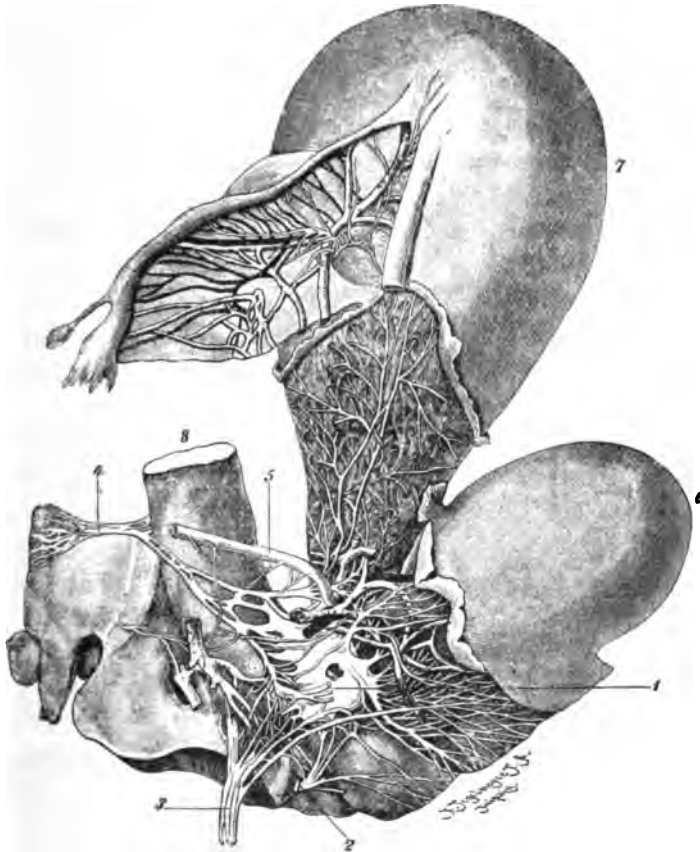


FIG. 16.—(Frankenhäuser, 867.)

This cut represents cervico-uterine ganglion at 1. This pelvic brain or utero-vaginal plexus in some subjects is an inch and a quarter long, three quarters of an inch wide and an eighth of an inch thick. It is often fenestrated by vessels, connective tissue fibers pass; it is also filled in by fat. Observe, as in author's original cut, that all sacral nerves pass to the pelvic brain before arriving at the uterus in order to be demedullated. (1) Pelvic brain of a pregnant uterus. (2) Fourth sacral nerve passing to the pelvic brain. (3) Second and third sacral nerves sending nerve strands to the pelvic brain. (4) Plexus hypogastricus dividing to receive the rectum. (5) Ureter. (6) Bladder. (7) Uterus. (8) Rectum. The jet black lines are arteries, the other vessels are veins, while all white lines are nerves. Labor may be suggested by pressure of the increasing cervix on the pelvic brain.

of hysteria being hyperesthesia of the abdominal skin, that attribute could be found anywhere on the skin if sought.

Hysteria distinguishes itself from all other diseases by certain stigmata. One or more of these stigmata must be present to diagnose any case of hysteria. The stigmata of hysteria are:

1. Hyperesthesia of the skin, which consists in exaltation of the sensory periphery. These areas, hysterogenetic zones, are especially found on the skin of the abdomen. They are painful or over-sensitive on touch. The patient is often deceived by thinking the pain in the skin of the groin refers to the ovary. Hysterogenetic zones or hyperesthetic areas occur all over the body, but in the sexual region they are apt to be more typical on account of the patient's active attention. The skin over the ovary or the kidney may be so hyperesthetic and tender that grave kidney disease may be suspected. The skin over any abdominal viscus may be so tender that touching it induces the patient to scream, while the viscus itself is quite healthy. Hyperesthesia exists chiefly on the right side. Pinching or pricking the skin enables one to discern the zones of hyperesthesia.

Hyperesthesia of the skin on the abdomen may exist with or without healthy genitals. Of course the hyperesthesia of the skin is more liable to exist with diseased genitals, as the genitals may be the provocative or debilitating agent inducing the hysteria. The patients who are disturbed by crawling sensations on the skin, as of snakes and ants, have hyperesthesia and hence have hysteria. Hyperesthetic spots anywhere on the body constitute one of the stigmata of hysteria. I observed a hyperesthetic spot last year on a woman's back. The hyperesthesia of the skin may change its location. The frequency of skin hyperesthesia in the gynecologic clinic induces me to believe in the wide distribution of hysteria, independent of gynecology.

2. Anesthesia of the skin is also another stigma of hysteria. This is not so frequent in the clinic. The patient complains of the skin being numb and without feeling. It is found, perhaps, most frequently on the skin of the abdomen. Anesthesia exists chiefly on the left side of the body.

3. Anesthesia of the mucosa is one of the stigmata of hysteria seldom absent. The test is easily made by taking a pin with a small glass head and rubbing it over the eyeball. If the conjunctiva

bulbi is anesthetic, one can rub the pinhead over the eyeball without a wink or flinch from the patient. Normally the conjunctiva is very sensitive, and to touch it produces reflex actions, tears and pain. Nearly always in the hysteria the rubbing of the pinhead on the eyeball produces no reflexes, no tears, no pain. Of course there are many grades of anesthesia of the conjunctiva bulbi. The

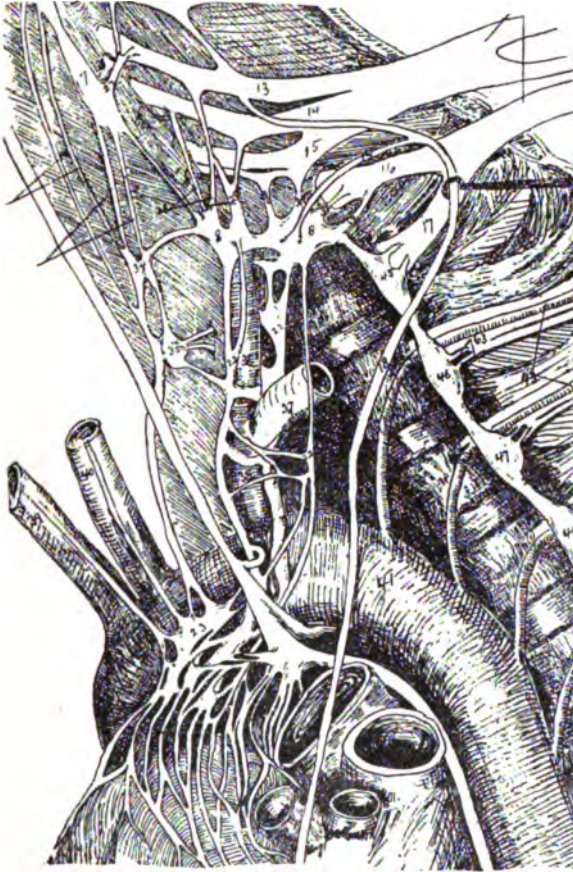


FIG. 17.—(From Byron Robinson's life-size chart of the Sympathetic.)

Represents the upper or neck and chest portion. (7) Middle cervical ganglion. (8, 8) Inferior cervical ganglion. (13, 14, 15, 16) Cervical nerves. (17) First dorsal nerve. (18) Phrenic. (19) Branch from inferior cervical to phrenic. (20, 21) Cardiac nerves from middle and superior cervical ganglia. (22, 22 and 22) Cardiac nerves from inferior cervical ganglion. (23) Wrisberg's ganglion (of the heart). (24 to 23) Cervical rami communicantes. (34 and 35) Ganglia on superior, middle and inferior cardiac nerves of the cervical ganglia. (36) Vertebral artery. (37) Left subclavian artery. (38) Innominate artery. (39) Right subclavian artery. (40) Carotid artery. (41) Aorta. (42) Intercostal arteries. (45, 46 and 47) Dorsal lateral chain of ganglia. (43) Communicantes.

corneal anesthesia is the least frequent. The anesthesia of the throat is tested by a lead pencil or sound. On rubbing the mucosa of the throat, no reflex nor pain arises. As Windscheid remarks, however, the diagnosis of hysteria should not be made from anesthesia of the throat alone, as in healthy subjects the mucosa of the throat may show various degrees of anesthesia.

4. Hyperesthesia of the mucosa must be remembered among the stigmata of hysteria, though infrequent. The persistent feeling of animals crawling in the tractus intestinalis (abdomen) is no doubt a symptom of an over-tender mucous membrane. The sudden expulsion of unchanged foods from some stomachs immediately after eating is no doubt due to hyperesthesia (non-toleration) of the gastric mucosa.

Hyperesthesia of the viscera is one of the known stigmata of hysteria. Perhaps visceral hyperesthesia exists the most frequently in the ovary. In such cases the ovary is hypersensitive to touch, yet normal in size and position, perfectly mobile, with no peritoneal adhesions or fever. Castration does not affect the pain unless it exacerbates it. The irritable uterus of the old doctors is undoubtedly of hysteric nature. To show that such cases are hysteric, the uterus, oviducts and ovaries have been removed, but the pain persists just as before the operation. I once operated on a hyperesthetic kidney in which I suspected stone, but no stone existed and the pain persisted as before the operation. Hyperesthesia of the cord and testicle frequently exists. Vaginismus is perhaps as typically hysterical as any example of the viscera. Vaginismus may be called up by the thought of touching the vulva. It is chiefly of psychical origin and occurs in neuropathic individuals. It is common to note hyperesthesia of the orificium vaginæ, and an exacerbation of this leads to various grades of vaginismus.

The hymen has been extirpated in vaginismus, but without good effect. There can be little doubt that hysteric bladders frequently arise in the practice. I once treated a patient two years for a hysteric bladder. Drugs had little or no effect. Rest in bed made no change. Suggestion was the best treatment. Urine was normal. It was so-called irritable bladder, hysteria. The patients with irritable or hysteric uterus are the ones who prepare for the child's advent by making the clothing, and sending for the midwife. They suffer from labor pains, and finally call the obstetri-

cian when labor does not complete itself, only to find that the patient is not even pregnant. She is misled by her irritable, hyperesthetic, hysterical uterus. The abdominal cramps and colic of certain neuropathic patients are doubtless due to visceral hyperesthesia or hysteria.

5. The muscular stigma of hysteria is quite common. It consists in the paresis or paralysis of one or more muscles, or it consists in exacerbation of contractions of one or more muscles. When the tongue suddenly ceases to act, with subsequent normal action, it is quite sure to be hysterical in nature. Globus hysteri-

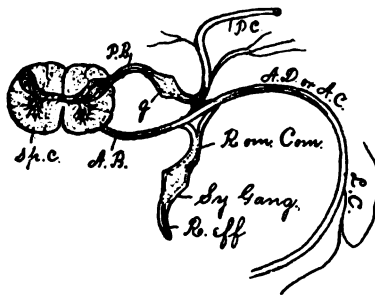


FIG. 18.—(Byron Robinson.)

Represents a plan of a dorsal nerve. (*Sp. c.*) Spinal cord. (*p. r.*) Posterior branch. (*a. r.*) Anterior branch. (*g.*) Ganglion on posterior root. (*ram. com.*) Ramus communicans. (*sy. gang.*) sympathetic ganglion. (*p. c.*) Posterior cutaneous. (*a. d. or a. c.*) Anterior division. (*l. c.*) Lateral cutaneous branch.

cus is simply exacerbated activity of the esophageal and gastric muscles. Hysterical knee is a spasmodic contraction of the muscles supplying it. The lost voice is frequently of hysterical nature, due to disturbances of laryngeal muscles. The "lumps" or tumors in the abdomen of many patients are simply the contractions of certain abdominal muscles, frequently accompanied by hyperesthesia of the skin over them. The patient complains of a tender tumor, and the diaphragm or groups of muscles become spasmodic.

6. Another stigma of hysteria is psychosis. It is perverted mental action. Hysteria is chiefly manifest to the gynecologist as a psychical disease. It is a part of a neurosis, very changeable, and ever presenting new scenes. It doubtless rests on a psychopathic construction. The psychosis rests also no doubt on a defective system. An irritable weakness exists in the nervous system. The central or peripheral nervous system is defective. The hys-



teric condition is especially susceptible to influence or suggestibility.

7. Exaltation or diminution of the special senses is also a stigma, as blindness or exalted hearing. Heredity or congenital defect is a large factor. Whatever debilitates the nervous system, local or general, invites hysteria as a provocative agent. It should be remembered that genital disease (infectious) is debilitating, and hence is followed frequently by hysteria. Sexual diseases (in man or woman) no doubt play a vast rôle in hysteria. They are provocative agents. Of special interest are the hyperesthetic zones of the abdomen; i. e., the periphery of the sensory nerves of the abdomen.

8. The sensory periphery area of the ilio-inguinal, ilio-hypogastric and that of the eight lower intercostals, become exalted in sensation. Hysteria is a disease of symptoms. There are two theories of hysteria extant at present, viz: (a) It is a psychosis, a mental disturbance. Its seat is the cerebral cortex. (b) It is a neurosis or a psycho-neurosis. It is not limited to the cerebral cortex, but is a disease of the whole nervous system. It is a disease of rapidly changing panorama.

The treatment of hysteria must be rational, systematic, prolonged, and continuously suggestive. Drain the skin by salt rubs, massage; drain the kidneys by ample drinking of fluids; drain the bowels by proper diet, sufficient laxation, and fluid and regular evacuations. Tonics to improve digestion, drugs to act on the senses, especially the olfactory; electricity to act on the cerebral cortex, and continual suggestions with firm discipline. Above all ideas of hysteria or neurasthenia must stand the thought that all operations to cure them are to be abandoned.

In gynecologic patients there is a triumvirate of pain—back, head, and stomach. It represents three groups of painful localities.

1. The lumbo-sacral region is the seat of the most prevalent and persistent. It is the central station which interprets the pain of the pelvic sensory periphery. Almost every gynecologic affection creates lumbo-sacral symptoms, whether it be dislocation, inflammation, contractile pain, sacro-pubic hernia, mechanical pressure or malignant growths. In short, the lumbo-sacral region is the sensorium of gynecology of the pelvis. The spinal ganglion must

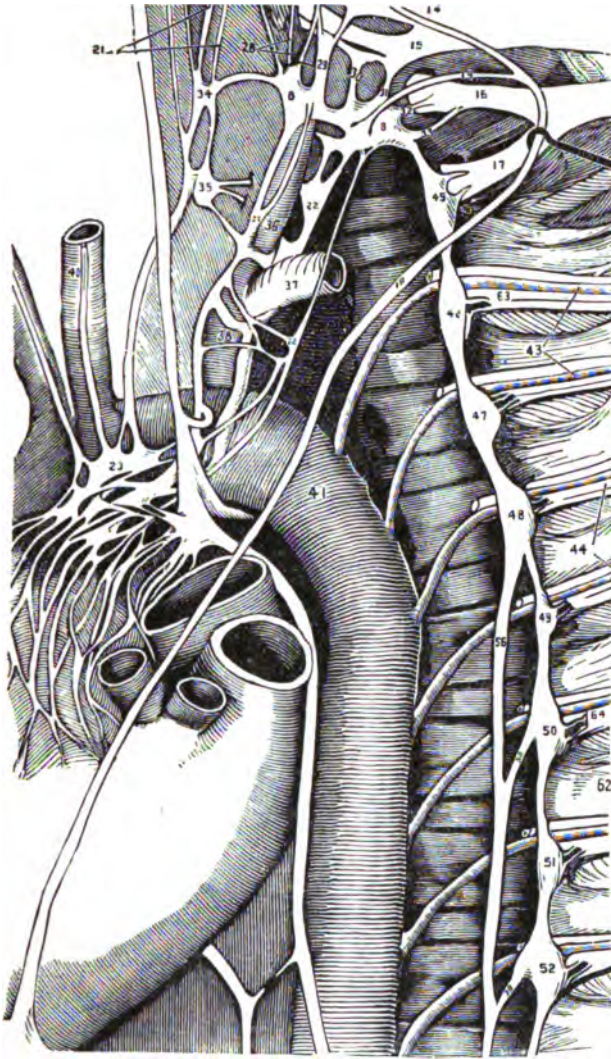


FIG. 19.—(Byron Robinson.)

From author's life-size chart of the sympathetic nerve. (14) Cervical nerve. (21) Middle cardiac nerve from middle cervical ganglion. (28, 29, 30) Cervical rami communicantes. (15) Cervical nerve. (19) Branch from inferior cervical ganglion to the phrenic nerve. (34) Ganglion on superior middle and inferior cardiac nerve. (8, 8) Inferior cervical ganglion. (16) Cervical nerve. (17) Dorsal nerve. (35) Ganglion on superior, middle, inferior cardiac nerve. (43) Intercostal artery. (36) Vertebral artery. (40) Carotid artery. (58) Splanchnic. (18) Phrenic nerve. (37) Left subclavian artery. (63, 64) Rami communicantes. (46, 47, 48, 49, 50, 51, 52) Dorsal lateral chain of ganglia. (38) Innominate artery. (2, 2, 2) Inferior cardiac nerve. (23) Wrisberg's ganglion. (41) Aorta. (44) Intercostal nerve. (56) Splanchnic. (67) Branch to stomach.

act as local substitute for the brain. The explanation of this lies in the kind of nerves: Visceral, peritoneal, muscular, and cutaneous, which report to the lumbo-sacral cord.

The visceral nerves are the second, third and forth sacral and the sympathetic—all transmit reflexes to the lumbo-sacral cord from irritation of the genitals.

The peritoneal nerves are branches of the ilio-inguinal, the ilio-hypogastric, and the seven lower intercostals, which transmit pelvic peripheral irritation to the lumbo-sacral cord.

The muscular nerves of the lumbo-sacral plexus and also those of the muscular seven lower intercostals transmit disturbances to the lumbo-sacral cord.

The cutaneous branches of the lumbo-sacral plexuses, especially the pudic, the pudendal, the ilio-inguinal, ilio-hypogastric and seven lower intercostal cutaneous branches report irritation to the sacro-lumbar cord.

The irritation of the periphery of any of the three great branches of the lumbo-sacral cord, viz: Cutaneous, muscular or visceroperitoneal, disturbs the balance of the other two. Irritation of the visceral sensory periphery unbalances the sensory periphery of the muscular and cutaneous nerves. The spinal ganglia are reorganizers and transmit all reports to every periphery. This is a cue to therapeutic agents, e. g., cutaneous irritation is carried to the spinal cord and reflected on the muscular and visceral branches, stimulating both.

2. Gynecologic disease refers a group of pain to the stomach.

3. Another group is referred to the head. Laparotomy wounds seldom or never give rise to pain if union is by first intention. The lower angle of the wound is sometimes painful under pressure, but it is undoubtedly due to suppuration from close proximity to the region of the hair. Dorsal muscles are inclined to rheumatism, while those of the abdomen are not; hence, more accurate judgment arises as to painful abdominal incisions. Special attention should be paid to hyperesthesia of the abdominal skin by the gynecologist and surgeon, as it may exist without visceral disease, and hence may be non-surgical. So-called "irritable" organs with no visible or palpable anatomic change, should be referred to hysteria.

When a rational treatment is systematically carried on against

painful local disturbance, without effect, the probability is that it is a hysteric hyperesthesia. The excessive vomiting of pregnancy often has a hysteric base—hyperesthesia of the gastric mucosa. In the same hysteric category must often be numbered, coccygodynia, coxalgia, irritable bladder, breast, and uterus, vaginismus, pruritus, dysmenorrhea, and a sense of lumbo-sacral symptoms. A

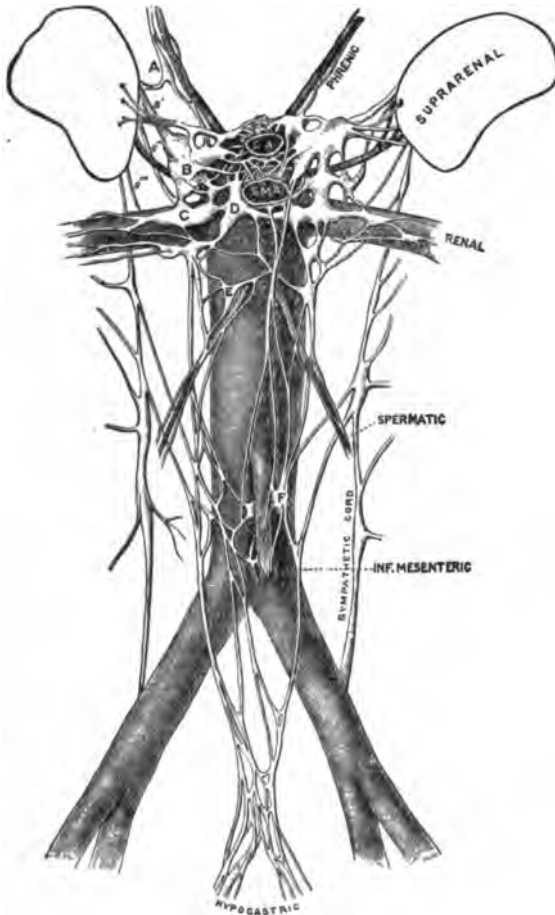


FIG. 20.—(George Dancer Thane.)

Represents the solar plexus (abdominal brain) and aortic plexus, with the lumbar portion of the sympathetic cords in their relation to the aorta. (C, A) Celiac axis and (S, M, A) superior mesenteric artery, amputated close to their origin. Surrounding these two arteries like a network is the abdominal brain. (A) is the phrenic ganglion found on the right side only. (S<sup>1</sup>) Great splanchnic. (S<sup>2</sup>) The small splanchnic, and (S<sup>3</sup>) the smallest splanchnic nerve. (b) Right semilunar ganglion. (c) Renal ganglion. (d) Superior mesenteric ganglion. (e) Spermatic ganglion. (f) Inferior mesenteric ganglion.

knowledge of the above factors is particularly valuable to the operator as the sweeping removal of organs for neurosis or hyperesthesia is criminal. Remember that morbid sensibility lies chiefly in the skin, and the patient will complain more of a skin pinch than a deep-seated trauma. What the hysteric coxalgia or hysteric knee is to the surgeon, so is the hyperesthesia of the abdomen to the gynecologist. The puzzle of each solves itself under the analysis for stigmata.

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### A CASE OF LABOR WITH COMPLICATIONS.

B. G. CLARK, M.D.

NEW YORK.

Mrs. A. H., age 24; married two years. Always enjoyed good health. Mother died when she was young. Since then has lived with father, one sister and one brother; all in good health.

On November 25, 1898, consulted me regarding her expected confinement. Last menses March 21, 1898, making date of expected confinement December 26, 1898. Had a little nausea for first two months, since then has been quite well; no trouble. Examined by external palpation and stethoscope; position determined to be L. O. A., but rather high. She objected to vaginal examination. I told her it was my custom to make such examinations, especially during the first pregnancy, so that I might know if there was anything abnormal in relation to the mother, that I would be prepared for it when labor commenced. But she said, "No, there is nothing the matter with me." After some explanations, etc., she departed.

The nurse engaged went to her on the day of her expected confinement, but all was well. Nurse would occasionally take her temperature and always found it normal. She accompanied the patient every evening for a walk, with no signs of labor until January 29, 1899. I called in the morning about 10 o'clock; patient was up and about, had had only slight pains. I attended another case and returned there at 10 p. m. Patient had had some hard pains and was evidently in labor. I told her it was necessary that I should examine her, and nurse prepared her for it. I proceeded to make the examination, after explaining to her the necessity and

assuring her that it would not cause her any inconvenience, but she resisted; however, I got my finger in the vagina and with difficulty made out a small projecting bag of water, which was ruptured during "the scuffle," from whence issued a thick yellowish fluid, which was washed off my hand with some difficulty. The pains ceased, and after waiting an hour, during which time the patient had fallen asleep, I went home (only across the street), leaving directions to be called when the pains returned. I had learned very little by my examination, except that the outlet of the pelvis seemed normal. They called me at 2 a. m.; patient had slept well until 1 o'clock, when she awoke with a pain, and now had quite severe pains. I told the husband that I must make an examination and thought best to give her a little chloroform that I might know what the conditions were. When she was fairly under the chloroform I found the cervix high up behind the symphysis pubis, dilated to the size of a half-dollar, soft, all of which was made out with difficulty, for behind the uterus the pelvic cavity seemed filled with a tumor. Examination made also by rectum. I detected fluctuation. The question of what I had to deal with confronted me. What would carry the uterus upward and forward—cyst of the broad ligament, dermoid cyst, hemocele, which would include extra-uterine pregnancy with rupture? But the child was still in the uterus and we had had no hemorrhage, so the latter was eliminated. Of course the patient had been allowed to come out of the effects of the chloroform. I informed the husband and went home for instruments, telephoned for assistance, and was fortunate in getting Drs. Fralick and Land. I had the patient ready and under chloroform again about 4 o'clock a. m. Dr. Fralick examined the case and agreed with me that there was a fluctuating tumor in the pelvic cavity which would have to be removed before the child could be born, or we would have to perform Cesarean section, and doubtless leave the tumor, which seemed undesirable; as fluctuation was undoubtedly present we decided to open it by the vaginal route. After carefully preparing the parts I made an incision posterior and near the uterus, and evacuated about a quart of pus. After washing it out I found a hard substance and some hair, which made our diagnosis one of a dermoid cyst. After some manipulation we were able to deliver the sac through the opening (after it had been somewhat enlarged), and tied it off near its origin, which appeared to be

near the left ovary. The parts were again cleaned carefully and I applied forceps to the baby, which now came down to its normal position with more dilatation of the uterus. As the forceps were applied considerable fluid escaped, the color and appearance of which caused Dr. Fralick to remark, "You are in the rectum." No, it was the same "stuff" that escaped when the membrane was first ruptured. Child was delivered with moderate traction, weighing  $10\frac{1}{2}$  pounds, with slight laceration of perineum. Child was covered with this thick yellow fluid, which had to be scraped off with a towel. She soon showed signs of life, and has been well ever since. Not so the mother, however. I sewed up the laceration of the perineum, and while Dr. Land had kept her under chloroform nearly two hours she reacted nicely and for the next twenty-four hours did well; but then the temperature began to rise and for several days was around  $105\frac{1}{2}$ , with profuse sweats and morning remissions of temperature, involuntary diarrhea, sloughing of the perineum, including the sphincter muscle. During this time her mental condition was good, with a fairly good pulse. With the help of such remedies as silicea, verat. alb., carbo veg. and bryonia as indicated, the patient made a good recovery. She is now in good health and has so little inconvenience from the loss of her sphincter and muscle that she is in no hurry for an operation for its restoration, but expects to have it attended to this winter. The most peculiar phase of the case to me was the absence of symptoms before labor commenced, and her carrying the child about ten months, at the best of our calculation, with a tumor of that size; as ordinarily a tumor of that size would have caused premature labor rather than delayed it. However, I leave the speculative part of the case to others, as this was my first case with such a complication in over twenty years' experience. I report it, believing it may interest others.

TWO CASES: PUERPERAL INSANITY AND  
NEURASTHENIA.

W. E. BLOYER, M.D.

CINCINNATI, O.

Every physician owes to humanity, and to the profession as well, to give the widest dissemination to all such knowledge of means and methods that in his hands prove curative. In the present effort we not only comply with this demand of duty, but derive no small amount of pleasure. We feel satisfied that no greater good can be done for humanity in certain lines, than to promulgate the results obtained from official surgical procedures.

We do not believe that we can produce arguments as convincing as may be the report of a few cases, treated in accord with official principles.

## PUERPERAL INSANITY.

About four years ago we were consulted by a gentleman from a neighboring state concerning his niece, whom he said was a woman of good bodily vigor, about twenty-five or twenty-six years old, had been married several years, and had borne two children. The younger child was then nearing its third birthday. Some eight or nine months after its birth the mother began to show signs of insanity, which increased from day to day until, after the lapse of a month or two, and after all medical recourses, including the services of some of the best medical men in the state, had been exhausted, she was placed in the state asylum, not because she was unable to command private or sanitarium treatment, but solely because her friends thought that the best talent in these lines within the state was to be found in the State Asylum for the Insane. Her friends were in a position, financially and otherwise, to procure for her, even while there, a number of consultations and other special measures and services. It is enough to say that after she had been in the asylum for more than two years the superintendent informed her people that she was, in his opinion, incurable, and that the best that could be done for her was to make her comfortable either at home or in some private institution.

Her uncle, having heard of the beneficial effects of official work in some like cases, was anxious to know whether it might restore her.



We said to him, "It may do so, and under the circumstances we certainly are justified in trying it, as all medical and hygienic means have failed." After thinking the matter over for a day or two, he said to us: "Doctor, use any means or measures in this case you deem advisable, sparing nothing that might assist in her restoration." An examination without an anesthetic showed a sub-involutéd womb with a chronic endometritis and an os uteri that had been badly lacerated, and that had only partly united, through the intervention of much cicatricial tissue. The tissues of the introitus and the womb were pale, loose, relaxed, feeble. As there was no serious trouble discovered in connection with the ovaries, we concluded that the first thing to be done was to correct the troubles in sight, and if necessary to look later for others, and if found to correct them then.

She was anesthetized, the womb dilated and thoroughly curetted; the trachelorrhaphy done, the rectum dilated and all pockets, pouches or papillæ within it ablated, and all superfluous fringes about the vaginal orifice neatly trimmed. In short, "all-around" orificial work was done, and there was nothing special in the case or about the operation. It was an ordinary case, such as we have seen dozens of times.

But the extraordinary part is still to be related. This woman had not spoken of her children, her baby, for nearly three years. For that length of time her mother's love, together with her mental faculties, lay dormant. On the second day after the operation came the dawn of a lucid mind in the question, "Where's my baby?" There was an uninterrupted recovery. Within a month she was at home in the South, the light and life of her husband and her home, and to-day she remains the same bright, cheerful, happy, healthy woman. And although we interdicted any indulgences that might lead to a subsequent pregnancy, our suggestions were of no avail, and a bright, healthy baby nearly two years old is the result. Not a sign of insanity has been seen to cross the beaming face of this happy mother, who was rescued from the yawning madhouse, the dungeon of the incurably insane, by simple operative measures, after all medical means had proven useless.

#### NEURASTHENIA.

A boy, two years old, thin, scrawny, a poor eater and sleeper, with a nervous condition that allowed him no rest day or night:

that manifested itself in much crying, night terrors, bed wetting, and a dozen other things that go to make up a "nervous" child, had had a half dozen excellent physicians, but did not improve. Upon the suggestion of a mutual friend, we were consulted, and after hearing a full description and history of the case, and judging from past experiences, we said at once to the mother: "There is some trouble with your boy. Let us see his penis." There it was, a long, tight foreskin, with a very small opening. We told her that a slight operation would cure him, and assured her that he would be in bed but a very short time.

It is only necessary to add that the foreskin was amputated *secundem artem*—the boy was cured. These things speak for themselves. They cannot be talked away, or accounted for in any other way than that they relieve nervous irritation in a way that medicines cannot.

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## THE COLON TUBE IN INTESTINAL TROUBLES.

J. C. AVERY, M.D.

VASSAR, MICH.

The writer may have nothing particularly new to offer, but if the description of the two following cases should lead some one to derive as much benefit from the use of the colon tube as does he, he will be well repaid.

Case 1. In July, 1898, I was called to see a little patient, two years of age, attended with the following symptoms: Temperature 102°, pain over abdomen and stomach, some tympanitis; all food, drink or medicines that had been taken by the mouth for some days had been ejected. She had been attended for a week by a physician who had endeavored to reduce the fever and evacuate the bowels, but the temperature had steadily increased and bowels had not moved after the first day or two. Injections of water were passed as clear as when introduced. On the second morning after being called, the substance ejected from the stomach was of a fecal nature in odor and appearance, and had been for several hours before I reached the place. Patient was not in a fit condition for removal to a hospital and I was twelve miles from assistance, but I had a two and one-half foot colon tube and a bottle of chloroform in my

buggy case, both of which were needed, for as fast as the tube was introduced it was expelled by the efforts of the child, until chloroform was used to insensibility. After introducing nearly the whole length of the tube, about one pint of mineral oil was used and the tube withdrawn. Twice during the operation the patient ceased to breathe, and once I thought she was gone, but succeeded in resuscitating her. This time, being satisfied with the amount used, I withdrew the tube. The child did not vomit again after the introduction of the oil, and after having a number of large passages, was well on her way to recovery.

I doubt if child would have stood an abdominal operation by incision and removal of the obstruction at this time, as she was in a very weak condition and took chloroform very poorly.

Case 2. On January 4, 1900, I was called to see a delicate seven-year-old, suffering with double pneumonia. I found this was the third day of sickness, temperature was 105 1-6, respiration 50, pulse 140, skin dry, cough frequent and distressing. Patient was put upon aconite 2x and bryonia 3x, in alternation. Bowels were active, moving from once to twice a day from physic mother had given, but in spite of this the fecal odor, as well as odor of breath, became more and more foul. On the fifth day, eighth day of sickness, the passage was soft, but very sticky, and all gases very foul. Pulse was 150, very weak and compressible, respiration 60, temperature, morning 103, evening 103½. The child at this time lay in a stupor, mouth open, eyes half closed, hands and feet often getting cold; hot applications to them resorted to. At this time the colon tube was used, two feet being passed; one pint of oil was introduced through this tube. Oil was retained several hours, and when expelled was accompanied by very offensive feces and gases. The oil, the first passage resulting from its introduction being followed by soapsuds, was used twice after this, once each twenty-four hours. Improvement began in about twelve hours after the first use of the oil, and the comatose state gradually disappeared, she recognizing her parents on the following day. On the fifteenth day temperature became normal for the whole day and remained so. I do not believe this child would ever have recovered without the thorough antisepsis that followed the use of the oil. During the last three years I have used the colon tube in a variety of intestinal troubles, from a possible appendicitis to the persistent belching of food follow-

ing a suspected partial fecal impaction, and although something else might have accomplished the same results, its use has been very gratifying to me.

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## CIRCUMCISION FOR HEADACHES.

CORA SMITH EATON, M.D.

MINNEAPOLIS, MINN.



Many roads lead to Rome; but sometimes it is hard to find any one of them. Headaches have many causes and many cures. One treatment which has brought about immediate relief, where many other means have been tried without result, is circumcision.

Case 1. Mrs. H., age forty-seven, has suffered with chronic headaches for years, which have almost incapacitated her. Eyes have been fitted by a good oculist. Constipation was relieved by bowel treatment without stopping the headaches. Pain in the occiput and in vertex. Gelsemium, nux vomica, coffea, and many other remedies taken without relief. At last, finding no uterine trouble, it was decided that the very thick and adherent hood of clitoris might be the cause. Under cocaine anesthesia the adhesions were broken up, and circumcision was done. Since the operation the patient has been entirely free from headaches, which stopped as if by magic.

Case 2. Miss G., age seventeen, subject to constant and severe headaches; violent temper; making her almost dangerous at times. Subject to peculiar "fainting spells," in which she fell unconscious and remained so from one to four hours, without convulsions, and on wakening was delirious for two or three hours. These attacks began two months ago, after an attack of grippe, and came every three weeks or oftener. Vertex headaches, "in a circle." Oculist declares her vision only 20 per cent what it should be, yet can find no defect in eyes. Uterus nearly normal, though slightly enlarged. The operation of dilatation and curettage of uterus, and circum-

cision was performed. No headache after she wakened from the chloroform, and no attacks of unconsciousness have occurred since. These two cases show an interesting relation between headache and irritation of the pudic nerve. While the relation is not invariable, it is well to bear it in mind. Several other cases could be cited, but these two will serve for illustration.

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## RECTAL DISEASES.\*

T. E. COSTAIN, M.D.

CHICAGO.

We will consider this morning diseases of the rectum. We have already gone over the philosophy of orificial surgery sufficiently to give you a general idea of these diseases from an orificial standpoint, and we will now look at them from a local standpoint.

In the whole range of surgical pathology no other disease is so prevalent or succumbs so readily to judicious treatment. Many of these diseases are due to irregularities of habit, mode of living, and lack of proper care of the part. Many may be mistaken for prostatic conditions,—or cystitis. In order to differentiate a careful examination, both visual and digital, is necessary.

Anatomically considered, the rectum is that part of the alimentary canal from the sigmoid to the anus. Considered nervously it is that from the left one-half of the transverse colon to the anus, because the inferior mesenteric plexus of nerves supplies all of that part alike, and as the fecal mass is often lodged in the left one-half of the transverse colon and sigmoid it makes these two so closely associated with the rectum as to almost become a part of it. You will remember that the rectum has three coats; one, the peritoneal, only covering a portion of it, the mucous and muscular coats continuing to the anus. The arterial supply is the superior hemorrhoidal from mesenteric, inferior hemorrhoidal from internal pubic. Veins correspond in names to the arteries. Nerve supply is from sacral plexus, and sympathetic from mesenteric and hypogastric plexuses.

Before proceeding further I want to call your attention to the

\* Lecture delivered at Chicago Homeopathic Medical College.

intimate relation existing between these nerves and the genito-urinary tract, branches from the same nerve supplying both. And often the rectum may be at fault, with the pain reflexed to some part of the genito-urinary tract. Guarding the anus we find two sphincter muscles, the external and the internal sphincters. Reinforcing these two muscles we find the levator ani, the action of which is to compress the sides of the rectum and neck of the bladder, and in the act of defecation when the sphincter contracts to open the anus. It also has a slight sphincter action and aids contraction of the anus when the sphincter is destroyed.

The external sphincter surrounds the outer margin of the anus, and is found surrounding the lower portion of the gut, but not intimately connected with it. The internal sphincter, on the other hand, lies immediately around the gut and is intimately and closely associated with it.

We will now consider and classify diseases peculiar to the rectum, remembering at the same time that from an official standpoint local pathological conditions not only cause local discomfort but affect the general nutrition of the body.

As we have already gone over these points clearly we will now consider rectal diseases from a local standpoint. Before taking up the consideration of individual rectal disorders we will talk in a general way of the subjective symptoms which will call the patient's attention to the part, and later objective symptoms, which we can see by examination.

As I have already told you, the fact that you cannot glean from the patient anything which would suggest any local disorder is no reason why you should not inspect and examine this part for yourself. Often the irritation is carried by metastasis to remote parts of the body and does far more damage to the patient's health than if extensive local pathology existed. Pain will exist with fistula, fissure, acute hemorrhoids, ulceration, and morbid growths. In fissure the pain is out of proportion to the local lesion, usually coming on during the act of defecation and lasting afterward for some time. It is of a hot, smarting character, and radiates toward the coccyx. Pain due to fistula is more often found in the acute stage than later, when it becomes chronic. This pain takes the character of inflammatory pain, which is found in an abscess anywhere. In acute hemorrhoids the pain is in proportion to the size and number

of the tumors and the amount of the surrounding inflammation. In ulceration, unless it lies directly in the grip of the sphincter, the pain is only of a minimum amount. In malignant diseases the pain depends largely upon the extent and location of the disease, being much greater if situated between the sphincter muscles. If the disease be high up, even though extensive, very little or no pain would be felt. By inspection you will know prolapsus recti, external hemorrhoids, polypi, and villous growths. Hemorrhage may be seen and may be a symptom of bleeding hemorrhoids, prolapsus, fissures, ulcers, strictures, malignant disease, polypi, wounds, and the presence of foreign bodies in the rectum. Blood may indicate acute inflammations and ulcerations of the intestines or stomach. By digital examination or by exposing the field with a speculum—the Pratt speculum being the best for this purpose—you can note all the foregoing and can examine for pockets and papillæ and middle and internal hemorrhoids, strictures, ulceration, complete fistula, pus, etc. The patient's own diagnosis should never be taken, and even the family physician's diagnosis should be supplemented by an examination by yourself. An enema should be given when possible before examination, as a fecal mass may obstruct the upper rectum from view on the introduction of the speculum.

*Position.*—For an ordinary digital examination the semiprone or Sims position is most convenient, but the lithotomy position will be best if you wish to explore the field higher up in the rectum. Very often it will be difficult to make more than a digital examination without an anesthetic. The amount of pain caused by the use of the speculum will not be well borne in sensitive cases. As a rule in these cases the digital examination will determine whether an anesthetic will be necessary, and a further examination can be made under anesthesia if further explorations should become necessary. If the digital examination be carefully made it will give you much valuable information; first, note the strength of the sphincter muscle. A tight sphincter denotes irritation in the last inch of the rectum—pockets, papillæ, fissures, etc., and an inordinate amount of nerve waste. A weak sphincter denotes deeper situated trouble; it means a weakened system, a weakened sympathetic nerve, or, worse still, a malignant disease of the rectum. By sweeping the finger around the rectal wall papillæ, hemorrhoids, fissures, strictures, etc., and in the male prostatic conditions may be found, and in the female the

uterus may be found pressing on the rectal wall and its position may be readily noted.

The examination having been made, a diagnosis of the case determined upon, we now come to the proper methods of handling the various diseases liable to be found in that part. We will first take up the subject of the fistula in ano.

There are two classes of these cases; those who suffer only a local discomfort, and those who suffer with profound reflex disturbance in addition to the local disturbance. The pudic nerve, which is a branch of the cerebro-spinal system, is responsible in itself for many nervous reflexes; but when we consider its action in the sacral region with the sympathetic system, we have a wire to the central office of both systems, over which the messages from a broad surface of decomposed tissue are constant. The superiority of the train of reflexes depends somewhat upon the power of each nerve to resist them. In cases where the disturbance is local we find the patient in apparent good health. These cases, however, have a very much weakened, sympathetic nervous system, and in consequence its normal function is greatly disturbed. In other cases we find not only disturbed function but a weakened and emaciated body and a train of nervous disturbances, which at first glance seems almost beyond our aid.

Irritation from the terminal nerves of the rectum affects not only the adjacent organs but the liver, stomach, heart, intestines, and the equilibrium of nerve force. The heart is affected directly by the lateral chain of sympathy directly to the cerebral ganglia and the intermingling of the fibers from the solar plexus and pneumogastric nerve. The hypogastric plexus conveys impressions to the stomach and intestines through the gastric plexus and its branches to Auerbach's and Meissner's plexuses, the whole being a branch of the great solar plexus.

This same action occurs in other organs mentioned and causes a variety of nerve symptoms which would reach almost all the nervous phenomena known to be due to the constant irritation of any of the lower openings.

A fistula in ano may be defined as a non-granulating sinus with two openings, one upon the surface and the other within the rectum. The inner opening usually lies between the sphincter muscles.

Fistula in ano is the result of an abscess either external or internal



to the sphincter muscles, and of many recognized forms among them are the complete, blind external, blind internal, horseshoe, recto-vaginal, recto-vesical. These forms may again be divided into fistula due to pyogenic cocci and those of the tubercular type.

We will consider this morning fistulæ in general from the latter standpoint. The first thing to be done with a case of this kind is to get a diagnosis of whether the trouble is due to tubercular bacilli or pyogenic cocci, such as staphylococcus or streptococcus, or bacillus *foetidus*, or to either of them singly and combined with tubercular bacilli. This can be accomplished by making a culture of the pus immediately after or at the time you make the examination. This culture should then be subjected to the proper tests and a slide for the microscopical examination made. After you have become convinced that tubercular bacilli are or are not present, you know whether the case is going to be an extremely difficult and tedious one or one in which you have hope for an early closing up of the entire trouble. In my experience the treatment of the two is radically different.

In the case of fistula of the pyogenic origin alone, I would recommend, before operating, that all proper care should be taken to cleanse the wound as much as possible. Irrigate with an antiseptic solution for a day or two, if necessary putting on the antiseptic wet dressing continuously for twenty-four or forty-eight hours, and make the wound as near antiseptic as is possible under the circumstances. By observing thoroughly aseptic and antiseptic technique during the operation we can hope for a wound which will heal readily after the following method:

If the fistula is a single, complete one, with the inner opening between the sphincters, lay open the tract up to the margin of the sphincter muscle. Now feel for the hard cord running into the wall of the bowel, and dissect from the upper point toward the bowel; grasp these loose ends in a pair of plug or T forceps, and dissect the cord out clean. The mucous membrane of the bowel can be brought together by some stitches, closing the internal opening; deep sutures can then be passed, if necessary, through the mucous membrane, but preferably from the outside, approximating the wound. These stitches can then be continued down through the wound, after dissecting out the bottom of the open wound most thoroughly, and the parts stitched together completely. In case healing fails to take

place by first intention, the wound can be treated very readily, or such part of it as does not heal by subsequent cleaning up of the wound, or by stitching it if the wound is already clean.

In the case, however, of a tubercular fistula, there is no use bringing it together at all, because it will not heal. This should be treated as an open wound, and should be packed with iodoform or nosophen gauze, and this dressing changed and the wound cleaned night and morning and after each bowel movement, the first bowel movement taking place about the fourth day. After a time this dressing will become inefficacious, and it will tax your patience and knowledge of drugs of every variety to get the wound active at all. Cauterization, either by carbolic acid, nitrate of silver, or the various other agents known to be good, or by electricity, using the positive pole, will aid you for a time; jute saturated with balsam of Peru, packed into the wound, will stimulate granulations, and is of itself a thorough antiseptic; in fact, I have seen it clean up wounds when nothing else seemed to be of any service. If the wound should become clean and granulations fresh, an effort should be made to bring the edges together by putting in either a button or quill suture. The suture of any material tied will cut through the tissues, in spite of the most persistent care, as the tissues around a tubercular fistula become softened and lose their integrity to a great extent. You may be able to gain quite a little by this suture, sometimes healing it entirely, but in any event it is a long and tedious process. Success is yours if you will continue your efforts, as I have never known them not to be healed in the end, with possibly a single exception, and this exception left before the wound was entirely healed, because it took so long.

It is sometimes difficult to find the internal opening either with the finger or with a probe. In such cases as these do not take it for granted that it is a blind fistula, but dry the finger, pass it inside the rectum, throw iodine through the opening, and as it oozes through you will find the finger stained, showing an internal opening exists. If, however, you get no stain on the finger, you may be pretty certain that the mucous membrane of the bowel is intact. Many other staining fluids can be utilized for this purpose.

In a case where there is a multiple fistula the treatment is the same, except that each tract must be followed very carefully to its terminus. Occasionally you will find at what appears to be the terminal end an opening leading off into the tissues in some other direc-

tion. With a soft probe you can outline these offshoots and treat them accordingly.

Every variety of fistula should be thoroughly eradicated by removing all the hardened tissue wherever found, and it is impossible to heal the wound so long as a vestige of it remains.

Many modes of treatment have been and are recommended, the elastic ligature being highly recommended in the text-books. But I have seen at least one very disastrous result following its use. The sphincter muscle was separated widely and the tissues surrounding the anus so softened that they retained very little of their former integrity and taxed all the resources of the surgeon to bring the parts into anything like a normal condition. For this reason I would place it in the same class as the ligation of hemorrhoids—out of date.

When handling a fistula all the points of irritation, whether pockets, papillæ, hemorrhoids, fissures, ulcers, etc., which the surgeon may observe at the lower part of the bowel, should be eradicated before the work is complete, as they tend to handicap the healing of the wound by abnormal contraction of the sphincter muscles.

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## AN INDIVIDUALITY IN THE SYMPATHETIC SYSTEM OF NERVES.

C. T. BENNETT, M.D.

DETROIT, MICH.

Mr. H., a victim of nervous headache, came to me a few months since for treatment. In giving the history of his case, he said: "From boyhood I have been thus afflicted; at times the attacks are of such severity as to produce complete prostration for days, and sometimes weeks."

It has been my experience in the treatment of these cases, constipation has existed either at the present time or formerly. Upon questioning, I found such was the condition years ago, but not now—also piles; but since having a ligature operation he had been relieved of both. It was the operating physician's opinion a cure of the nervous headaches would be effected also. For a time relief was experienced, then the attacks returned with increased severity, and continued. He stated he was confined in the hospital

two weeks, with extreme suffering from the operation, which was attended with pain and fever.

I told him, in my opinion the cause of his headaches was still rectal trouble. The cause must certainly be located somewhere, experience having proven to me that the sympathetic system of nerves is here most thickly distributed, and that in it lies the power that does all the rebuilding of every tissue, no matter where, and also the power which carries away already worn-out tissue; and that is all these headaches are, a lack of power to rebuild nerve tissue, and also a lack of power to carry away and dispose of worn-out tissue, and I perceive these nerves are lying in a very bad condition at this time. At the time of the ligating operation, had the operator carried out his work according to official principles, your headaches would have been permanently cured, instead of only temporarily relieved.

The profession generally has never been taught what we are learning to-day, as officialists, i.e., free these nerves, never tie them up in a bunch, when the tissues all through the rectal cavity are in an inflamed condition. I told him there was probably a cicatrix or scar pinching these nerves, of which they are now telling us, as this is their only language or way of giving expression to their vise-like pinched condition, adding, "I will need dilate and curette the rectum." "But are you not going to give me some medicine," he asked, with surprise. I could only reply with the question, "Does medicine, no matter how skillfully compounded, produce the power to rebuild? I know of none. Remove this cause and where will be the effect? Simply gone." He consented to treatment, prefacing it with the remark, "You may try your method, but I have no faith in it."

I gave him the treatment according to strict official principles; administering chloroform and using the bivalve I found a bad contraction of the entire rectal orifice, and gave a thorough dilatation and curettement, followed with careful swabbing of absorbent cotton soaked in peroxide of hydrogen, the whole of which was done in about four minutes' time, including administering the anesthetic. Of course he soon awoke and arose from the operating table, saying, "You have done nothing for me yet." I prescribed, after each stool, the daily use of warm water enemas, in small quantity, for the purpose of cleanliness.

In four weeks he came to me, saying, with a pleased smile in which I detected a look of satisfaction, "I am no worse." I repeated the treatment and directions. In four weeks more he came, saying, "I am certainly much better, I guess you are working at the right spot; my headaches are not only lessened, but every tissue in my whole body is better, the backache is all gone, and the kidney trouble, too." I repeated the same treatment, and in four weeks more he returned, saying, "I am well; your work has cured me." This is only one of the many cases continually occurring in my practice, which are always successfully treated and permanently cured.

Can we explain these remarkable cures upon our old physiological principles? Certainly something was done. But what did we do? That which was done acted upon the different organs of the body, and yet we had nothing to do with any of them directly. Our treatment was given entirely in that locality where the great sympathetic nerves are most thickly distributed, relieving them of their pinched condition. Notice the good which came from it. Not only the nervous headaches, which had become chronic, were cured, but, as the patient said, every tissue in the whole body was rebuilt, and harmonious action of all the organs restored.

Do not these oft-repeated results of orificial work drive us away from our old physiological ideas, and set us to thinking about the human body as a biological being?

Did we not put into action that which rebuilds every tissue and also carries away worn-out tissues? Does not this prove an individuality?

The oft-repeated results obtained through orificial work in cases where all other methods have failed, is certainly proof conclusive that its principle is based upon an individuality contained in the sympathetic system of nerves.

The medical profession need to recognize this truth, then they will cease treating piles as this patient was treated, leaving the work unfinished, which, of course, means an incomplete cure.

I am anxious to hear from others upon this subject, through this valuable journal.

## A PLEA FOR LIBERALITY IN MEDICAL THOUGHT.

C. D. STANHOPE, M.D.

MILWAUKEE, WIS.



On page 320 in the January number of the JOURNAL OF OFFICIAL SURGERY, we find an article which has aroused our curiosity, and which has made us desirous of learning something more of that queer, unique specimen of the genus homo, known as the osteopath

It would seem, from the general tenor of the article above referred to, that he must be the child of some special act of divine providence, and that he has been endowed with unusual and wonderful powers; powers of a much higher order than have been given to the great average of the human race; powers that enable him to find the cause of maladies and to treat them much more successfully than his brother physician; powers that have given him a point of view, that, in his own estimation, at least, is right and from which position he is able to gain so perfect a knowledge of anatomy and physiology, that it gives him new eyes and new facts which we are led to infer others do not and cannot possess.

He alleges that he knows, he has been trained to know, he has read books where you have read pages, he knows how the human system should look, act and work. He can compare disordered apparatus with that which is normal. He makes the abnormal normal and the light of life is rekindled. Surely we cannot help wondering why he was so long withheld from a suffering world. He opposes the use of drugs and medicines, and tells us, by inference, that they are unscientific and harmful, notwithstanding the careful experience of ages has fully demonstrated their utility and indispensability. But he knows, he has been trained to know.

He suggests the use of good soap and pure water; to this we do not object, believing, as we do, that cleanliness is next to godli-

ness; but are there not other things that should go with it, e.g., a grain of judgment and the exercise of a little good common sense. He claims a better knowledge of everything relating to medicine and therapeutics than the older practice. He claims to have made remarkable cures of dread diseases in a few hours, and the commoner diseases in less time; in fact, he seems inclined to claim divine wisdom and divine attributes. It has been wisely and truly said that "fools rush in where angels fear to tread."

As a rule, I am not given to finding fault with the position that others may be pleased to assume, in relation to the many great subjects and questions that to-day are claiming and receiving the attention of the best thought of the age; nor do I believe that good always results from running counter to the expressed opinions of well-informed, honest and thoughtful men—but all men are not well posted, thoughtful, and honest.

# EDITORIAL DEPARTMENT.

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## SERIES OF IMPERSONATIONS.

### IMPERSONATION NO. 9—THE TUBULAR MAN.

LADIES AND GENTLEMEN :

At the instigation of our sympathetic brother I appear before you on the present occasion as his substitute. The reason for delaying his appearance until another occasion and asking me to take his place now is that what I could tell you of myself would make such a good preface for his story that it would be a serious mistake to have my name scratched from the list of human shapes that go to make up the composite man.

Perhaps you did not know of my existence, but I fancy it will not take me long to convince you that I am entitled to stand before you as a well-recognized human shape and claim your audience as a legitimate member of our composite family. At any rate I will do the best I can to entertain you and present for your consideration a series of facts with which every student of the human form divine ought most certainly to make himself familiar.

My entire structure is tubular, as my name implies, and all physical expression of life and death for our entire body is accomplished by way of my channels. With many of the tubes which enter into my formation I am sure you are familiar, and yet it may surprise you to know that tubular structures are so thickly dispersed throughout the human organism as to enter into the formation of its every part, so that in me, the tubular man, you will behold one of the most perfect of human shapes.

Let me call your attention first to the various tubes which enter into my formation, then to the simple and universal method of their construction, and finally to the purpose which I serve in the family of human shapes.

The largest and most widely known tube in my make-up is the alimentary canal, a tube about twenty-six feet long and extending



from the mouth to the anus, having different names along its course, the first being known as the mouth, the next the pharynx, then the esophagus, then the stomach, then the small intestine, under the names of the duodenum, jejunum and ileum, and finally the large intestine, described by anatomists under the separate heads of appendix vermiformis, cæcum, ascending colon, hepatic flexure of the colon, transverse colon, splenic flexure of the colon, descending colon, sigmoid flexure of the colon, and rectum.

Perhaps my tube next to this in size is the passageway by which air reaches the lungs. This extensive tube is shaped very much like a tree, having for its trunk the larynx and trachea, with a great many branches, growing smaller and smaller as they divide until they finally become microscopical in appearance. The trunk of my respiratory tree is made up first of the larynx, and then of the trachea, after which come the innumerable bronchial tubes, the first two large ones, and afterward a continuous set of bronchial tubes, which increase in number as they decrease in size until they terminate in exceedingly minute and irregular shaped expanded extremities known as air sacs, which serve as the meeting place of the blood and the air. It is from these air sacs that the blood receives its breath of life and is transformed from a dark, purple, muddy, sluggish, sewage-laden stream into the bright red river of life which flows out into all the tissues of the body for their nourishment.

By the way, while speaking of it let me remind you that three of the men who have already addressed you are but part of my own construction. The arterial man, the venous man, and the lymphatic man are tubes, and as they have already been paraded before you as human shapes, and as I embrace all of them and a good many other tubular structures besides, you can readily see what an injustice would have been done me if my sympathetic brother had not been thoughtful enough to insist upon my taking the floor and presenting myself to you as a well-recognized member of our brotherhood of forms. The involuntary part of the muscular man also made brief mention of my existence, but scarcely did me justice, and hence the necessity of my appearing before you in person. I venture to say that neither my arterial, venous or lymphatic brother mentioned to you the fact of my existence, and that they were merely parts of my more perfect shape. Their carelessness in the matter, however, must have been purely an oversight. You might

think it was jealousy, but please be assured that in our harmonious family jealousy is unknown and only by mutual help and respect can we work out harmoniously the purposes of our common life; and if my existence had not been recognized even by the sympathetic man and I had not had the pleasure of appearing on the program of your entertainment at all, I should have had no hard feelings in the matter and have registered with you no complaint. At the same time I am glad not to be left out, and I wish to thank my sympathetic brother for his kindness in finding a proper opportunity for me to present you with an epitomized statement of the principal facts of my existence.

You will remember, perhaps, that the skin man made mention of the innumerable sweat and sebaceous glands and hair follicles with which his surface was so thickly studded in every part. Please remember that all these are a part of my own make-up, being nothing more nor less than tubular structures, varying somewhat in shape. Corresponding to these minute tubules on the surface of the body are the mucous glands, peptic glands, Brunner's glands, and crypts of Leiberkuhn and simple follicles, which honeycomb the surface of my alimentary canal, and indeed all mucous surfaces presenting some type of minute tubular structure. The salivary glands of the body and the pancreas are nothing but tubes expanded into racemose shape. The kidneys consist almost entirely of minute uriniferous tubules, which are straight in the pyramids and more or less tortuous in its cortical substance. All these multitudes of minute kidney tubes empty into the expanded tube which occupies the pelvis of the kidney, which terminates below on either side in another tube known as the ureter, at whose lower termination is an expanded tube known as the bladder, out of which empties the single tube universally described as the urethra.

The structure of the testicle is tubular like that of the kidney, and is provided with a single tube, the vas deferens, which serves for the passage of the semen from the testicles into the prostatic portion of the urethra. The prostatic gland itself consists in a great measure of a dozen or fifteen racemose glands known as the prostatic ducts.

In the female the vagina is a tube, the uterus is a tube, and the fallopian tubes which connect the cavity of the uterus with the peritoneal cavity define their nature in their name. They are

simply tubes for the passage of the ova from the ovaries to the uterine cavity.

I did not mention our nose, but everybody knows that its prominence merely stands for a cavity, from which there are tubular branches into the frontal sinuses, ethmoidal sinuses, and the cranial cavity, backward by way of the eustachian tubes into the middle ear, laterally into the maxillary sinus known as the antrum of Highmore, and posteriorly into the pharynx. You have heard how fleas have other fleas to bite them, and so on ad infinitum. Well, quite similarly, my larger tubes have smaller tubes to feed them, for all of my mucous membrane tubes are lined by mucous glands, which are likewise tubular in their structure.

Now in view of all these facts do you really think that I was extravagant in my claim to being one of the most perfect of our brotherhood of shapes?

In structure my tubes, of which I consist, are all built on a common plan which is very simple. Without exception, whether the tubes be little or big, microscopical or apparent to the naked eye, they consist of three coats: their inner coat consisting of what is known as mucous or serous membrane as the case may be, the difference between the two being merely a difference in the form of the epithelial structure which covers their surface and the presence or absence of tributary glands; an outer coat, which is constructed by the connective tissue man and made up of white fibers; and a middle or muscular coat. In this muscular coat the fibers are arranged in two directions, some of the fibers running longitudinally, so that when they contract they shorten the tubes which they surround, and others running circularly, so as to narrow the caliber of the tube by a squeezing process whenever they contract. By this method of simultaneously shortening and squeezing, very much after the manner in which a cow is milked, all my tubes, little and big, are made to undergo what is known as vermicular motion, or peristaltic action. Some of my tubes carry gases, like the bronchial tubes, and the intestinal tract at times; some of them carry solids, like the alimentary canal; and some of them liquids, like the various tubes which constitute the urinary tract, like the sweat and sebaceous glands and hair follicles, like the mucous and other glands opening on mucous surfaces, like the salivary glands and pancreas, like the gall bladder and gall ducts, and like the blood vessels and lymphatics. But it matters not whether my tubes con-

vey from one part of the body into the other gases, liquids or solids, their function is universally accomplished by this same worm-like motion known as peristaltic action. The involuntary muscles which accomplish this wavelike squeezing and shortening process of my tubes are not under the control of the cerebro-spinal man, but are presided over solely by my sympathetic brother, and between you and me this is why the sympathetic man did not feel like addressing you to-night, but presented me before you as his substitute. He wanted you to realize before he appeared upon the platform the extensive field of operations of myself, the tubular man. When you stop to think of it, that I carry the breath of life whose inner current is laden with oxygen and whose outer current is charged with carbonic acid gas and moisture, that I receive and disburse all the solids and liquids and gases that are taken into the body, and have the labor of transporting all those which pass out of the body, thus furnishing the entire system of the supply and funeral trains for the whole of our common form, you will readily see that my shape must be coextensive with that of every one of my brother forms. In reality, I have in my keeping the entire bodily commerce, with the solitary exception of the activity which results from chemism. My tubes are all of them a little leaky, especially those which serve as conduits for liquids, so that in many places the contents of my tubular structures sweat through my walls in minute drops, which are received into the various structures through which I pass. In the same manner tissues which are saturated with liquids can be relieved by a corresponding leakage into my interlacing canals. This process by which liquids pass through my walls to and from the tissues is known as osmosis. When liquids leave my canals and leak out into the tissues, such action is known as exosmosis. When liquids find their way from the tissues of the body into my canals, the process is known as endosmosis. But the term osmosis includes both processes. Now, except osmosis, which is what I recently spoke of as bodily chemism, every form of activity in the human body is accomplished by myself. I bring all the materials, solids, liquids and gases which are employed in the construction of the human body to their several destinations, and by my channels of exit carry away all the solids, liquids and gases which constitute bodily debris. Thus do I dominate the entire bodily commerce, and hence the necessity of my shape being so perfect as to reach the remotest recesses of our common bodily construction.

I have made my remarks as brief and epitomized as possible, but trust that I have succeeded in sufficiently clearing a way for my sympathetic brother so that he can now address you without further embarrassment. What he will desire you to remember most of all, I think, is this series of consecutive facts: that with the exception of osmosis the entire commerce of the body is conducted by the tubular man, that his method of doing this is known as peristaltic action, that peristaltic action is in all tubular structures, from the sweat glands to the alimentary canal, effected by the system of involuntary muscles, that muscles never act except under the impulse of nervous stimulus, and that the nervous stimulus which furnishes the motive power for the entire set of involuntary muscles, whose office is to form the effective working coat of all the tubes, great and small, is furnished solely by the sympathetic man.

Now, my sympathetic brother, I hope I have presented the situation to your entire satisfaction, and now as you have no further excuse to delay your appearance you will present yourself to this audience at their next meeting and tell the story of your life in a manner creditable to yourself.

Ladies and gentlemen, we are all proud of our sympathetic brother, so proud that however well he may present to you the story of his structure and function he will find it difficult to frame language adequate to his purpose. Words are such poor and inadequate vehicles for human expression. Our sympathetic brother is really the inspiration of our whole family, and I am only his John the Baptist, running before him, fully realizing that he who comes after me is greater than I, the latchet of whose shoes I am not worthy to unloose. The medical world, and much less the laity, are not even capable of fully comprehending the wonderful achievements of the sympathetic man. And to make matters still worse, he is of such a modest nature that although you will find what he has to say concerning himself exceedingly interesting and instructive, we none of us, his brother shapes, have the least idea that he will succeed in giving you an adequate impression as to his influence and importance in our family of human shapes known to you as the composite man.

I leave you now to be entertained at your next gathering by the presiding genius of our family, the sympathetic man.

E. H. PRATT.

# CLIPPINGS AND COMMENTS.

C. A. WEIRICK, M.D.

CHICAGO.

91. Should you be tempted at any time to say a slighting, cutting or mean thing about another physician, stop! Don't say it!

It lowers your own position in the profession.

It lowers the whole profession in the estimation of others.

As well speak ill of one, of your own family; for we truly are a brotherhood, cemented together by the ties of professional honor.

The above was taken from an address delivered recently in Chicago by Dr. H. M. Bascom, of Ottawa, Ill., in response to an invitation of the Chicago Homeopathic Medical College. We are sorry we cannot publish the entire address. It is worthy of perusal, not alone because the Doctor has had twenty-five years of successful business relations with both patients and doctors, but because, as we personally know, he lives up to the high ideal in medical ethics which he placed before his auditors.

We think most doctors desire to be honorable; they sometimes make mistakes, but the number is small who will either deliberately or with malicious intent do that which will be injurious to another. They are to be pitied because they are too weak to resist the temptation; they are the ones who are most injured by their acts, for they injure their character as well as lose the confidence of their fellows in their integrity.

92. THE RECTAL SPECULUM AS THE ANTIDOTE FOR CHLOROFORM NARCOSIS.—Frank S. Aby, M.S., M.D., Chicago.—It is beginning to be understood by medical men generally that stretching the sphincter ani muscle is *one* means, and a powerful and efficient means, of fighting chloroform narcosis.

It has never been maintained, so far as I know, that rectal dilatation will *always* resuscitate a patient in any form of collapse. That it is one of the first expedients to be thought of in narcosis and collapse, drowning, resuscitating of a newborn child, and poisoning from narcotics such as opium, etc., is certainly worth bearing in mind.

This case is not reported for those who always operate in hospitals and sanitariums, where a trained and experienced anesthetizer is constantly at hand, with trained nurses and all the chemical and mechanical appliances for fighting chloroform narcosis. Still, it may be well for even those surgeons to remember that rectal dilatation may save the patient when the sum of all the other remedial agents has failed.

This report is rather for the benefit of the general practitioner who gives a general anæsthetic only occasionally, perhaps a few times each year, alone or with an equally inexperienced assistant. Let him bear this case in mind. If this antidote be remembered, it may enable him to avoid adding a death to his list, and to escape the awful task of trying to explain to the bereaved family and community at large "how it all came about."

The patient was a woman, aged 23, married two years; no children. Had stenosis of internal os uteri, and villous endometritis. I proposed to divulse the internal os uteri, curette and pack the uterus, and do the needed rectal work, as the rational preparatory treatment for the relief of her symptoms.

Contrary to my usual custom, I proposed in this and another case upon which I operated that afternoon to administer chloroform instead of ether. In company with Dr. J. E. Cowperthwaite, I went to the home of the patient, two miles in the country.

The patient was calm, not fearful, heart splendid, kidneys all right, also the lungs. I administered the chloroform myself, while Dr. C. prepared for the operation. Dr. C. then took charge of the anæsthetic, while I did the work needed. I dilated, curetted, and packed, and did the needed rectal work, which in this particular case consisted in the ablation of a few papillæ and one or two pockets. I then dilated the sphincter ani with a rectal speculum, wiped and dried the patient, and we prepared to move her from the table to her bed.

Then I observed that respiration had ceased. I introduced the rectal speculum and dilated. The patient gasped. I then felt the pulse, but perceived none. Respiration again ceased. I again dilated the sphincter ani with vibratory motion of speculum, the patient gasped several times and the heart-beat could be distinguished. We lowered the head almost to the floor, while the hips were on the edge of the table and feet in the air. Pulse and respiration both gone. I directed Dr. C. to continue to dilate the rectum, while I held the patient and attempted artificial respiration and injected aqua ammonia. Pulse and respiration again manifest, the patient recovered far enough to begin to protest against the treatment. Rectal dilatation ordered stopped. Both Dr. C. and I observed the pulse and respiration again wane. Rectal dilatation again began, and continued by Dr. C., with patient in almost vertical position, head downward, until pulse and respiration were both pronounced, and patient began to groan and complain. Patient was then placed in bed, without pillow, and foot of bed was elevated by placing a chair under it. No further trouble whatever.

We both feared that the sphincters ani would be paralyzed permanently, and that incontinence of feces would be the result of the repeated and continued dilatation. I watched the patient carefully for the first week, but she made a typical and uneventful recovery. The usual ache in the lumbar region was manifest the second day. Bowels moved without aid on fourth day, and painless. Defecation normal after this.

Although I was provided with the usual cardiac stimulants and chemical substances for resuscitation, aqua ammonia was the only one used. From what I had seen of the effects of rectal dilatation on the heart and respiration, I was convinced that the rectal speculum would bring me safely through.—*The Medical Current.*

In these days of so much surgery it is fortunate that such an efficient means of resuscitation as rectal dilatation is always at hand, for it can be done with the fingers if no speculum is at hand. But it should not be forgotten that too long-continued dilatation may bring about a dangerous condition when thoroughly anesthetized. The rectal speculum should be frequently removed if the operation on the rectum be a long one.

93. NEURASTHENIA.—Have had the following case under my observation for some time:

The patient, aged 28, suffers from a condition of general loss of nervous tone and vigor. At times has been entirely disabled from the condition in an aggravated degree. Patient is naturally exceptionally intelligent, and bright mentally, but is depressed, and easily discouraged. Suffers at times severely with dyspepsia. Has little sexual desire. Says he has not attempted intercourse in a year. Complains of the fact that semen passes from him in noc-

turnal emissions at intervals of three days to a week with little or no sensation. This lack of sensation has increased within the last year or more. Has no loss with urine.

He has at various times been given all the various tonic combinations. The patient was somewhat given to masturbation from age of sixteen to eighteen, not since. Physical strength fairly good, though nutrition evidently very poor. Would this patient's condition be improved if married?

W. J. SLAYBACK, M.D.

Baltimore, Md.

The above question was asked of The Medical Brief. It is exceedingly doubtful if marriage would help the case. It don't make any difference, however, whether it would or not. No man should marry for the purpose of curing him of a physical ailment, especially a sexual trouble. Marrying for that purpose is prostituting a sacred relation and an insult to the woman. For the sake of humanity, such a class of men should not marry until they are well. If a physician thinks sexual congress the only hope of curing such a case, better not advise marriage, but the lesser evil, of sending to an assignation house. Another objection to marriage is that should children result from such parentage they would probably be greater sufferers from neurotic troubles than either parent, and in that way prolong suffering through another generation. This case practiced self-abuse and indulged in sexual congress. He probably inherited a sensual nature and is suffering the ill effects of an appetite that for a time he did not control. The only thing to do for him is to correct orificial irritation if any be present, stop taking medicine and thinking about himself and go to work at some out-door manual occupation, eating the coarse food of a laborer. If that will not cure him after the treatment he has had he will be a sufferer the rest of his life, but he will be the only sufferer from his depraved condition. It is much better that it be so than to tie such a case to a woman and thereby transmit to offspring his misery intensified. The rights of others and moral considerations are sufficient reasons against marriage.

94. Dr. W. O. Green in the American Practitioner and News writes that tobacco has a peculiar effect upon the rectum and may be considered harmful in hemorrhoidal growths, and therefore the patient should not use tobacco while under treatment for piles. In cases of hemorrhoids he advises total abstinence from alcoholic beverages. Among the causes in the production of the trouble he gives cushioned seats, bicycle riding, lack of local cleanliness, and the use of coarse substances as detergents; especially is printed paper harmful. He advises the recumbent posture after each bowel movement in cases of severe hemorrhoids. A comparison of effects of tobacco was made on some college students; 77 were users, 22 irregular users, 70 habitual users. Non-users increased 10.4 per cent in weight, 24 per cent in height, 26.7 per cent in chest girth, 77.5 per



cent in lung capacity over the regular users, and a less per cent of gain over the irregular users.

95. LITHÆMIC DISEASES.—It is now generally recognized that in the ætiology of lithæmia the presence of an excessive amount of uric acid in the blood and tissues plays an important part. The vague pains complained of by lithæmic persons, the varied disorders of the nervous system and the urinary disturbances are to a great extent dependent upon the circulation of an abnormal quantity of this substance in the blood, poisoning the tissues. The first consideration of the treatment, therefore, is how to augment the excretion of uric acid by the kidneys and to accomplish this a remedy must be selected which will keep this substance in a soluble form and at the same time promote diuresis. When piperazine was brought forward as a uric solvent par excellence, efforts were made to combine it with a diuretic and the outcome was lycetol, which combines the solvent properties of piperazine with the alkaline and diuretic effects of tartaric acid. This combination of two approved remedies must commend itself as an excellent acquisition to the treatment of lithæmic disorders. Having a pleasant acidulous taste and being devoid of the slightest irritating influence upon the digestive tract, lycetol can be administered for long periods. Under its influence the gouty or rheumatoid pains subside, the urine becomes clear and is passed in larger quantities and the gravel, if present, disappears. Usually these beneficial effects are rapidly produced, but in order to exert a prominent influence upon the morbid condition, the remedy must be continued for some time, given together with an abundant quantity of water. It is scarcely necessary to state that in addition to the administration of lycetol strict attention must be paid to the diet, to exercise in the open air, to proper hours of sleep and other hygienic measures. The chief objection to lycetol is its cost.

Several years ago extracts of a paper by Dr. Etheridge on "Lithæmia" were given in this journal. He claimed that recovery from other troubles was often retarded by insufficient elimination of urea and uric acid. He also had a carefully prepared table showing how much urea according to different weights of individuals should be eliminated. We have seen cases whose recovery seemed to be hindered by a lithæmic condition improve when measures were taken to correct it. The degree of acidity of the urine should be reduced, or if possible be made alkaline, for the uric acid is deposited in an acid medium. This can partially be done by proper diet. Vegetable food tends to cause the secretions to be alkaline and animal food, except milk, makes them acid. To such an extent is this true that the milk of the carnivora is acid. Green vegetables, such as celery, lettuce, and asparagus, are useful. The various foods made from cereals, such as bread, macaroni, and oatmeal, are useful. The legumes should be given. The most common of these are, of course, peas and beans. Water in abundance should be given. The alkaline mineral waters are helpful. Phosphate or carbonate of soda, one dram to a quart of water may be taken in twenty-four hours. Milk is a very useful food in this trouble. Coffee is harmless. Meat, either cooked or predigested, is harmful, and in very severe cases should be avoided. When necessary to give meat it should not be taken at more than one meal per day. Sugars should be avoided. Fats taken very

sparingly, except in scrofulous children, who require fats. It is safe to avoid alcoholic beverages in lithæmia.

96. MODIFICATION OF THE OPERATION OF WHITEHEAD.—Probably no operation for hemorrhoids has given rise to so much discussion as that proposed a number of years ago by Whitehead. The operation of Whitehead consists in dissecting out the ring of vascular tissue surrounding the anus, which is the seat of disease in hemorrhoids. No one, of course, thinks of performing this operation in cases of isolated hemorrhoids, whether external or internal; it is applicable only to those cases in which a ring of diseased tissue completely surrounds the anus.

The great advantage of this operation is its effectiveness in curing hemorrhoids. In the writer's experience, the operation of Whitehead is not only a more radical cure for hemorrhoids than any other which has been proposed, but it is followed by considerably less pain than most other operations. Recovery takes place almost immediately, when the operation is neatly done, and no raw surface is left to be healed by granulation, as proper approximation of the mucous membrane to the skin secures immediate union. The patient thus escapes the distressing, burning, nagging pain which results from the contraction of the sphincter ani muscle upon a raw, burned or inflamed surface within the grasp of the muscle.

When one has become reasonably dextrous in performing the operation, it can be completed very quickly. The following method, which has been employed for a number of years by the writer, is found to be very expeditious, rarely occupying more than eight or ten minutes: The patient lying in the left-lateral, or Sims position, an assistant puts the tissue upon a stretch, and a pair of forceps is placed at the median line before and behind, each grasping the tissue at the point of junction of the skin and mucous membrane. Then, beginning at the lower side, while the forceps are drawn by an assistant, the operator rapidly incises the skin from one pair of forceps to the other by means of a pair of scissors, the incision being, in the same way, continued all the way around. The hemorrhoidal tissue is then rapidly dissected up, the intestine drawn down, and the whole diseased mass cut off. The intestine is then seized at the points opposite the forceps first applied and, being drawn down, is held by two assistants, the first forceps being removed. When the operation is properly performed, no difficulty whatever will be experienced in approximating the skin and mucous membrane. A running suture of medium-sized catgut joins the skin and mucous membrane. Too small catgut should not be used, as the result would be separation of the tissues by the softening of the catgut, and the raw surface would be slow in healing, and leave behind a contracting cicatrix.

The principal objection made to this particular mode of operation is, that cicatricial contraction of the anus is likely to occur in consequence of the anus being completely encircled by a cicatrix. I have found it possible to avoid this by leaving a small area of mucous membrane intact. No diseased tissue is left except in cases in which the hemorrhoidal mass extends entirely around the anus. The anterior border is commonly nearly free from disease or wholly so, large hemorrhoidal masses being nearly always found upon the posterior wall; consequently it is only rarely necessary that the operation should be made to extend completely around the anus. The mucous membrane may be left intact for the space of fully half an inch in every case if desired.

This modification of the Whitehead operation, slight though it be, is sufficient to completely obviate all danger from cicatricial contraction. Half an inch or an inch of healthy mucous membrane affords ample protection against this unfortunate complication.

Another objectionable feature of the Whitehead operation, which I have never found in my own experience, but which is often met in cases operated upon by careless and inexperienced surgeons, is the exposure of the rectal mucous membrane externally by the amputation of too large an amount of the skin. This mistake is most likely to be made by those surgeons who make the dissection of the mucous membrane from above downward, instead

of from below upward. By following the method which we have very briefly outlined, namely, running the line of incision completely around the anus before making the dissection, this difficulty is entirely obviated, for one may thus accurately limit the field of the operation, and can easily avoid the removal of an excess of tissue.—*Modern Medicine*.

Much has been said for and against the Whitehead and American operations. The former consists in removing the lowest inch of mucous membrane from the rectum from below upward; the latter in removing the same tissue from above downward. In both the upper edge of the wound is brought down and stitched to the lower. The most radical opponents of these operations are those who have never performed them, but have seen cases having bad results from such operations. We know a surgeon, residing in another state, who made a deliberate public statement that he had made many such operations, not only without an unfavorable result, but that every case was benefited. The trouble, we think, is in stitching the mucous membrane to the skin or rather in not leaving a narrow rim of mucous membrane around the lower margin of the wound and then stitching mucous membrane to mucous membrane. Of course errors of judgment have been made in using the operations on cases to which they were not adapted. But such a statement doubtless may be made of every major operation.

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#### BOOK REVIEW.

**GENERAL AND LOCAL ANESTHESIA.** By Aime Paul Heineck, Clinical Instructor in Genito-Urinary Diseases, College of Physicians and Surgeons, Chicago; Clinical Instructor in Gynecology in Chicago Clinical School; Clinical Instructor in Surgery in Northwestern University Woman's Medical College; 124 pages; \$1.00. G. P. Engelhard & Co., publishers, 358-362 Dearborn street, Chicago.

This little volume contains the practical side of anesthetics. It does not go into long dissertations of theory, nor does it contain a lot of useless matter on the physiological action of the drugs. It is an epitome of all that is practical and useful to the anesthetist. It shows the author's clinical experience as well as considerable research from the experience of others. Every student of medicine should have this little work in his library, and will find the ideas contained therein of a very useful character. At the present time anesthetics is receiving from the profession generally a more careful and conservative study than has been heretofore afforded this important subject. The various chapters contained within the book are full of valuable suggestions and are worth the reading by even the most competent and careful anesthetists.

The chapter on local anesthesia gives the up-to-date methods and the best way of handling all the various formula of up-to-date local anesthesia. It is certainly a practical little work and we take great pleasure in recommending it to the profession.

T. E. COSTAIN, M. D.

# JOURNAL OF ORIFICIAL SURGERY. CHICAGO.

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## CLINICAL CASES.

### FECAL FISTULA CURED.

During the September class of '99 Dr. Viets, of Plymouth, Ind., brought for public diagnosis and treatment a case so remarkable that all who were present when it was presented will surely recognize it as soon as it is described, and be glad to know how it came out.

It was a woman of middle age who had borne children and was in such an enfeebled condition that it required a good deal of endurance and will power to come to the clinic. She was emaciated to an extreme degree, pale, anemic and having the appearance of one mortally ill.

What she came for was in the first place to have her general health improved, and in the next place to be cured if possible of a chronic abscess which opened upon the right hip just above the trochanter major. For some years she had suffered from pain in the right inguinal region. Some years since she had received an injury to the crest of the right ilium, after which an abscess had formed and broken upon the outer surface of the hip. Subsequent to this an operation was performed for the cure of the fistulous tract which remained after the rupture of the abscess, the surgeon's work extending as far as the crest of the ilium. This was found to be slightly carious, so it was curetted, leaving a distinct notch in its upper border. The operation had been unavailing, however, as the sinus continued to be open, and strange to say served for the exit of small bits of fecal matter and small seeds whenever she fed upon berries or fruits containing them, thus establishing beyond question the fact that the fistulous opening upon

the outer surface of the right hip had a communication somewhere with the intestinal tract. The passage of these substances along the fistulous tract was the occasion of considerable pain, not only in the hip, but also extending down toward the groin.

An orificial examination disclosed an adherent hood of the clitoris, lacerated cervix and perineum, relaxed condition of the vagina, extreme retroflexion, and pockets, papillæ and small hemorrhoids in the rectum. The woman's general health was so poor that it was deemed inadvisable to undertake the cure of the fistulous tract, it being decided best to do the orificial work and correct the displacement of the uterus as a general tonic; and after these wounds had satisfactorily healed and the patient was about again have her return to her home for a few months' rest before undertaking the radical cure of the fecal fistula. The patient was under an anesthetic while these questions were being discussed, and so the decision was arrived at without her consent. Dr. Viets, however, concurred in the decision, and expressed it as his opinion that the woman would follow out any reasonable course laid out for her. He felt sure that although she would be somewhat disappointed when she awakened and found that the fistulous tract remained unmolested, she would return later on for the finishing work if it should be found necessary to be done.

Consequently the work done upon her at the September class was the orificial work demanded, and an abdominal section. The orificial work consisted in the loosening and amputating of the hood of the clitoris, repairing the cervix, and doing slit work upon the rectum, the perineum being left unmolested, although under less complicated circumstances it would have received attention. The abdominal section was undertaken for the purpose of ovary patching and for ventral fixation. Both ovaries were cystic, and were split open, the cysts removed, and the tissues coapted with fine catgut sutures. Ventral fixation was then accomplished after the manner which has been previously described in the pages of this JOURNAL. Before the abdominal wound was closed a digital exploration of the right inguinal region disclosed the fact that the cecum had attached to it a short but broad appendix, and that the outer end of the appendix appeared to be firmly adherent to the right iliac fossa. Strange to say, there were no adhesions of consequence either about the cecum, the appendix, or any other part of

the abdominal cavity. The location of the appendix served to explain the passage of the seeds through the fistulous tract. By its large open mouth attached to the cecum it received specimens of the various small seeds as they passed along the intestinal tract, and also small bits of fecal matter. These were passed down the short appendix and emptied into a chronic fistula, whose beginning was marked by the lower end of the appendix, which was fastened to the iliac fossa, having thus found their way out of the intestine and through the appendix and into the connective tissue cavity, which started at the iliac fossa, wound up over the crest of the ilium, and through the tissues on the outer side of the hip to the outer opening of the tract, opening just above the great trochanter, where they found their exit from time to time.

I have avoided calling this a pus tract, for the amount of pus discharged from it was too insignificant to be mentioned, the whole tract acting simply as a continuation of the appendix, only having an opening at its outer end, which occupied the unusual location on the outer side of the hip.

The woman was a model patient, and made a perfectly uneventful recovery so far as the wounds were concerned. They all healed by first intention, and she suffered neither pain nor fever. A month after the operation was performed she was discharged and permitted to return home. Late in November, however, she presented herself at the college clinic for the final work upon the fistulous tract, as the pain from the seeds and fecal matter passing along it was becoming too intolerable to be borne patiently.

At the time of her admission to the college clinic, although only a little more than two months had elapsed since the official work had been done, her appearance was wonderfully changed. She had gained fifteen pounds in flesh, was buoyant and happy and free from all aches and pains except those occasioned by the foreign substances passing along the tortuous and unnatural passageway which began in the lower end of the cecum and ended upon the hip.

She was placed under an anesthetic and an oblique incision about three inches in length was made, the center of which was opposite the anterior superior spine of the ilium and located about two inches from it in the direction of the linea alba. As the muscles were encountered instead of being cut the fibers of all three of the abdominal muscles were separated and held apart by retractors.

The peritoneal cavity was then entered and a segment of the large intestine was brought into the field. This was followed down to the cecum, at the lower end of which appeared the short but broad appendix. It was of unusual dimensions both as to width and length, being two or three times wider than an ordinary appendix at its attachment to the cecum, and not more than an inch and a half in length, its fixed point being at its outer end, where, as was noticed at the laparotomy performed in September, it was found to be attached to the iliac fossa. The appendix was amputated from the cecum and the wound closed by the ligature and pursestring method, the cord which secured the amputated stump being of catgut, while the pursestring suture which subsequently covered it was of fine silk. After the intestine was returned to the abdominal cavity the appendix was seized by T forceps and an effort made to dissect out the fistulous tract of which it was the beginning. The tissues were so friable, however, that this was an impossibility, so the appendix was cut away, leaving the fistulous tract opening into the general peritoneal cavity. The question then arose whether or not it was better to pack the fistulous tract and dress the abdominal wound after the open method or whether it would be wise to tube the tract and close the wound. As the evidences of pus were so slight the latter course was decided upon, so that after curetting the fistulous tract throughout its length, first up toward the crest of the ilium, and then across the crest, and then down through the gluteal region and the tissues on the outer side of the hip to its lower opening, a tube as large as one's little finger was passed along the tract. As the tract presented a sharp angle located at the crest of the ilium, to carry the tube along its course it was found necessary first, by the aid of uterine dressing forceps, to secure the passage of a string which had been previously fastened to the end of the rubber tubing. This having been accomplished, by the aid of the string the tube was drawn along the tract and left protruding for about an inch at both ends, one extremity protruding from the right iliac fossa and the other from the outer opening near the trochanter major. The abdominal wound was then closed layer by layer by means of catgut sutures, and the patient, who had stood the operation beautifully, was returned to her bed.

Although it seemed unavoidable to close the opening of the fistulous tract into the general peritoneal cavity, thus preventing

the intestinal coats in the neighborhood from coming into contact with it, furnishing thereby a fine field for infection, and although no packing or other means was inaugurated to this end, it being concluded that the harm from a meddling tent of gauze among the intestines would be fully as mischievous as the contact of the intestines with the fistulous tract, nevertheless, from this operation, as from the first, the patient made a perfectly uneventful recovery. For three consecutive weeks she was brought before the class and the condition of her wound was presented for observation. The tube was shortened about an inch two or three times a week, the shortening being made from the outer side, until finally at the end of two weeks the remaining piece of the tube which protruded from the inguinal part of the wound was entirely removed. As the wound was a little sluggish in healing, it was cauterized with carbolic acid and kept soaked in bovine. As at the end of two weeks the wound was not yet healed it was curetted, cauterized, and given a thorough massage, then coapted as well as possible with strips of adhesive plaster. This finishing touch seemed to terminate the history of the fistulous tract, and the patient was discharged cured.

This case seems valuable to illustrate the proper relationship between general and orificial surgery. If the operation for the cure of the fistulous tract had been undertaken when the case first presented itself at the September class the chances are that her healing powers would have been inadequate to the occasion and the issue would have been a fatal one. The orificial work was therefore instituted, with the result of securing for the patient a good general condition, which was taken advantage of at the right time and the major operation performed for her under favorable conditions. Even as it was the second wound was sluggish in its healing, and had it not been for her general improvement, which had been secured by the orificial work, in all probability her reactive powers would have been insufficient to have effected a recovery. A stronger person perhaps could have sustained both the orificial work and the major work at the same sitting. But this woman seemed too frail for so bold a procedure, so that the work which she stood in need of was accomplished at two sessions a little more than two months apart, and the final results were so satisfactory as to leave no chances for criticism upon the surgical judgment followed out.



## HICCOUGH CURED.

Mrs. T. was about 42 years of age and in fairly good general health, being one of those strong wiry natures that seem able to exhibit almost any amount of endurance when called upon to do so—a good subject for tetanus or epilepsy. Her distress was hiccough.

When she applied for relief she had been suffering for two weeks, growing steadily worse. In that two weeks she had made diligent search for relief elsewhere, first to the drugstores in her neighborhood and the doctors they recommended, from all of which she obtained neither relief nor encouragement. In her desperation, although she was a woman of some means, not knowing what else to do, she made application for admission to Cook County Hospital under the impression that some of the attending men in that great place might be able to handle her case successfully. In that institution, however, she got no further than the examining room. She was told that her case was perfectly incurable, and she might as well prepare to die. They informed her that Cook County Hospital was an emergency hospital, and for curable cases only; that incurable cases were sent out to Jefferson to the poorhouse, and if she wished they would issue an order for her admission to that institution, remarking at the same time that her stay there would not be long, as hiccough was always fatal and she would not have long to remain anywhere. She thanked the interne who examined her for his kindness and his opinion, said that she had car fare enough to get home with, and if she was going to die she would rather die at home than in the poorhouse.

As Cook County Hospital had failed her, she decided to visit the medical colleges in the neighborhood and persevere in her search until some one was found who took a more hopeful view of her case. In pursuance of this resolution she came first to our clinic and was referred to the orificial chair. When she presented herself for examination the habit of hiccough was badly established and accompanied with severe general convulsive movements of her entire body. Although she had applied as a clinical patient she refused to be made a clinic of, and insisted upon the work being done at her own home. As no time was to be lost, the next day she was placed under an anesthetic and subjected to general orificial work, which consisted in loosening of the hood of the clitoris,

repairing a badly lacerated cervix, and in performing slit work upon the rectum. It should be stated that the laceration of the cervix was an unusual one, presenting a three-cornered tear, the tissues between the tears being hypertrophied and very much hardened, so much so as to suggest a tendency to carcinomatous degeneration. The lining of the vagina was pale and leathery. One of the lacerations proved to be very deep, and the cicatricial scar extended for some distance into the body of the uterus. The cicatricial tissue, however, was all carefully removed and the parts of the cervix carefully readjusted and restored to a proper shape. In the rectum there were a few small papillæ and an unusual number of rectal pockets, having also a few very small hemorrhoids. The anal orifice was badly contracted and there was evidence of rectal catarrh.

The anesthetic employed was chloroform, to the administration of which she yielded very reluctantly, requiring double the amount usually needed for anesthesia and taking twice as long as common to succumb to its effects. Further than this, however, her case presented no difficulties whatever, and proved to be eminently satisfactory in every respect. She went to sleep with the hiccough and awoke without it, and although nearly two months have elapsed since the operation, it has never put in an appearance. She already complains of feeling better than she has in twenty years, and is deeply grateful for her rescue.

Cases of pernicious hiccough are so rare that it seemed important to place this one on record, as it was so eminently successful and bears marked testimony to the wonderful power of orificial work in such cases, and also gives silent testimony of the ignorance of the medical profession generally of one of the most powerful agents for correcting functional disorders at the command of the medical profession. Just because the woman's entire distress seemed to be hiccough, none of the doctors or druggists to whom she applied for relief, not even the interne who had charge of the examining room of Cook County Hospital, thought far enough to consider it possible that some pelvic trouble might furnish a satisfactory explanation for the existence of the dread disease known as malignant hiccough. And yet this is such a reasonable explanation. Every doctor who has ever had to do with pregnant women knows of the intimate relationship between the uterus and the stomach, for the

great majority of pregnant women are troubled with morning sickness during the first three months of pregnancy, when it is commonly recognized that the stomach has nothing to do with its own distress, but is suffering from an irritable condition of the pelvic organs. The close relationship between the phrenic and pneumogastric nerves and the sympathetic nerve was also completely ignored by those who had the opportunity of examining the case, so that not even rectal troubles were thought of as responsible for the fatal malady. Indeed not a druggist or doctor with whom she came in contact in her whole two weeks' search for relief even thought of, or at least suggested, an examination of the pelvic organs with the view of ascertaining their condition, but simply recognized that hiccough was a fatal trouble, and told the woman that her end was near, and that nothing could be done for her, acknowledging themselves perfectly helpless to combat the formidable condition in which she presented herself. It is with no small degree of satisfaction to me, however, that the interne of the institution to which she applied remembered his orificial teachings and was thoughtful enough to give the woman the orificial straw to grasp at, and that she embraced this only opportunity which had been extended to her, and has the satisfaction of securing for her trust and confidence the restoration to health which she was seeking.

Orificial work has scored thousands of professional triumphs of which it can well be proud, but it is seldom that it has scored one more brilliant and encouraging than it accomplished in this case of pernicious hiccough.

E. H. PRATT.

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## REFLEX INFLUENCE NOT UNDERSTOOD.

C. R. CROSBY, M.D.

CANNONSBURG, MICH.

The effect of impingement upon and irritation of the terminal nerve is so complex in its influence and far-reaching in its consequences as to demand more careful study and investigation than it obtains at the hands of the general practitioner. So many content themselves with giving the sufferer a drug palliative at best, leaving them to suffer untold misery by the oft-repeated attack, as to give just cause for complaint from these sufferers. That there is relief

for them is now fully demonstrated, and only those who willfully close their eyes to the demonstrated truth remain in ignorance of the cause, conditions and cure of these maladies that occasion so much suffering.

Nor is specialism a remedy in the premises. In fact, we are quite prepared to say that specialism in medicine is an impossibility, from the fact that the human body is a unit with no independencies anywhere. Hence the necessity of thorough research covering the whole ground. Medicine will never become an exact science without comprehending this unity.

As illustrating the above position let me cite the following:

CASE I.—Mrs. J. P., aged 35, married; mother of two children; had been troubled with headache of the most excruciating character. It had taken on its aggravations after the birth of her last child, although she had been predisposed from girlhood to headaches. At this confinement she nearly died from the effects of sepsis, but upon recovery she became very corpulent, and the headaches so increased in severity that her shrieks were terrible to hear, and she was perfectly frenzied at such times. She was treated by several doctors with a variety of drugs to no permanent benefit, growing steadily worse. Upon consulting me I suggested uterine irritation, as I could find no brain complications, or even spinal trouble. The only exhibit during these attacks was a terribly flushed face, so red that it seemed as if blood would burst through the skin. The apparently indicated remedy did no good, and I proposed an examination. To this she assented, as she was desperate and willing for anything that would secure relief, though she assured me there was no trouble there, and had been told so by a competent physician who had said all was right.

I found fatty accumulations around the heart, a subinvolted uterus, with left latero flexion, chronic endometritis, left ovary congested, and more than twice its proper size. The condition of the heart precluded the use of any anesthetic, so I proceeded without. Slightly dilating the uterus, I cleansed it with absorbent cotton, repositied it and placed a tampon medicated with calendula solution, allowing it to remain about thirty hours. As an adjuvant I gave pulsatilla 3x three times a day. On the removal of the tampon an intolerable stench followed, together with a large quantity of pus and mucus tinged with blood. Upon this exhibit I interposed

two doses per week of lachesis 12x, and repeated the treatment weekly, and during the interval ordered a douche of water in the vagina as hot as could be borne, medicated with hamamelis. When the offensive discharges ceased I began the use of the faradic current, passing the negative electrode (a bundle of fine copper wire) to the fundus, the insulation reaching to the cervix, using the mild current. The result is delightful to all parties interested. At the last period it was the most absolutely painless ever experienced. No headache whatever and no pain anywhere, with vigorous flow. In addition to this I might state that as soon as I was sure that the effects of sepsis was removed I commenced treatment for reducing plethora, giving phytolacca tablets, and the superfluous flesh is passing off, much to the patient's comfort.

I have been thus specific in giving details of this case, for the purpose of showing the importance of looking for remote disturbances in such obdurate cases. Headache may seem a trivial affair, but in a large majority of cases it means death; or, worse, insanity. I could multiply cases of a like character, and of others involving other organs of the body, but let it suffice this time to emphasize, "Look to the reflexes."

## A PLEA FOR LIBERALITY IN MEDICAL THOUGHT.\*

C. D. STANHOPE, M.D.  
MILWAUKEE, WIS.



On page 320 in the January number of the JOURNAL OF ORIFICIAL SURGERY, we find an article which has aroused our curiosity, and which has made us desirous of learning something more of that queer, unique specimen of the genus homo, known as the osteopath.

It would seem, from the general tenor of the article above referred to, that he must be the child of some special act of divine providence, and that he has been endowed with unusual and wonderful

\* Through an error in making up the February JOURNAL a portion of Dr. Stanhope's article was omitted. We take pleasure in presenting the article complete.

powers; powers of a much higher order than have been given to the great average of the human race; powers that enable him to find the cause of maladies and to treat them much more successfully than his brother physician; powers that have given him a point of view, that, in his own estimation, at least, is right and from which position he is able to gain so perfect a knowledge of anatomy and physiology, that it gives him new eyes and new facts which we are led to infer others do not and cannot possess.

He alleges that he knows, he has been trained to know, he has read books where you have read pages, he knows how the human system should look, act and work. He can compare disordered apparatus with that which is normal. He makes the abnormal normal and the light of life is rekindled. Surely we cannot help wondering why he was so long withheld from a suffering world. He opposes the use of drugs and medicines, and tells us, by inference, that they are unscientific and harmful, notwithstanding the careful experience of ages has fully demonstrated their utility and indispensability. But he knows, he has been trained to know.

He suggests the use of good soap and pure water; to this we do not object, believing, as we do, that cleanliness is next to godliness; but are there not other things that should go with it, e. g., a grain of judgment and the exercise of a little good common sense? He claims a better knowledge of everything relating to medicine and therapeutics than the older practice. He claims to have made remarkable cures of dread diseases in a few hours, and the commoner diseases in less time; in fact, he seems inclined to claim divine wisdom and divine attributes. It has been wisely and truly said that "fools rush in where angels fear to tread."

As a rule, I am not given to finding fault with the position that others may be pleased to assume, in relation to the many great subjects and questions that to-day are claiming and receiving the attention of the best thought of the age; nor do I believe that good always results from running counter to the expressed opinions of well-informed, honest and thoughtful men—but all men are not well posted, thoughtful, and honest.

The Supreme Architect of the Universe has seen fit, in his infinite wisdom, to establish laws to govern the crystallization of energy into material forms, of which no two have, as yet, been found that are exactly alike. The human brain is a machine, its

function is to elaborate thought, and as no two of these machines are built alike, it follows, as a natural sequence, that the product of their activities cannot be the same, hence, the reasons why we should be tolerant of the opinions of others.

We should treat with deference and profound respect the conclusions arrived at by any legitimate train of reasoning, on the part of one who possesses a normal and healthy brain, and yet, while we are rendering unto Cæsar the things that are Cæsar's, let us be ever mindful of the fact that it is not only our privilege, but a duty that we owe to ourselves and to the progressive spirit of the age in which we live, to study carefully the position of our brother from a standpoint of reason and fairness, after which, if we are unable to understand it as he does, let us differ honestly and give our reason for so doing, in a kind and friendly way, without ostentation or vituperation, remembering always that he who so far forgets himself as to derogate, either by direct accusation or invidious comparison, the accomplishments and attainments of others, under the delusive impression that he is thereby strengthening his own position, or for any other reason, incurs the liability of being sharply and justly criticised.

The lines of reasoning along which I may have been working, in relation to any given proposition, do not run exactly parallel to the lines laid down by other investigators, else they would be alike, which in the very nature of things, and for reasons before given, cannot be. What relation then do they bear to each other? If not parallel they must converge, and if they converge, no matter how small the degree, they must ultimately meet. Supplement these lines with other lines, coming from every possible point in the great circle of human knowledge and thought, and we shall find at their foci a halo of bright and glorious light, the incomparable effulgency of whose rays will penetrate to the remotest recesses of human thought and reveal to the understanding that which has been sought after by all true philosophers from the beginning of time: Truth, eternal truth.

Brothers, friends, co-workers, let us cast aside our foolish prejudices and differences, divest ourselves of arrogance, egotism, and all undignified useless bickerings, with but one object in view, that of elevating the standard of true medicine to the exalted position of an exact and certain science. With one accord, relegate to the

realm of eternal oblivion that shapeless and meaningless entity, Pathy, and in its place and stead erect an enduring monument and thereon inscribe, in letters of pure gold, the simple words Doctor of Medicine.

Now let us go together into the vineyard of our Master and there, hand in hand and shoulder to shoulder, move forward in our search for this glorious truth, this fountain from which flows the possibilities of a higher and grander civilization, which, when found, will afford us a much more extended and comprehensive knowledge than we now possess of the immutable laws which govern our existence, and of their scientific application to the means and methods which we are enabled to make use of in our efforts to mitigate human suffering and prolong human life.

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## NEW ORIFICIAL INSTRUMENTS.

E. N. CHANEY, M.D.

PASADENA, CAL.

It is with pleasure that I present to the readers of this journal a few thoughts on orificial instruments. They have so simplified the work that possibly they will be of interest to some of you. The

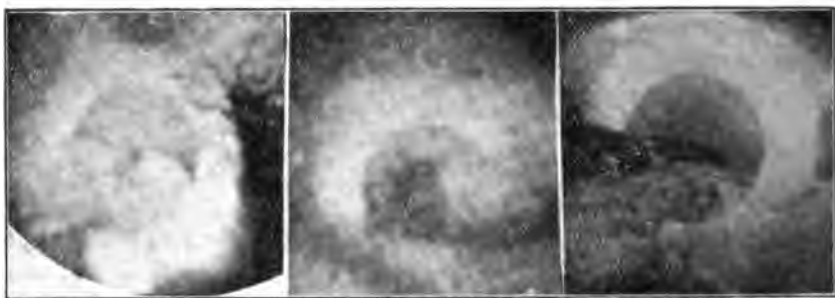


CHANEY'S ALUMINUM RECTAL DILATORS AND RECTAL SPECULUMS.

dilators no doubt many of you are familiar with, as they have been in use since 1892. They possess long points, are self-retaining and hollow, are capable of being filled with hot water by removing the screw cap. By their conformation you will readily observe how the troubles so often encountered in sensitive rectums by trying to



perform the dilation with an ordinary blunt dilator, will be obviated. Never have we encountered a case so sensitive but what dilation could be accomplished to a fair degree with but little discomfort. The speculums were patterned after the dilators. They are inserted in the same manner and are self-retaining. By withdrawing the handle the exterior of the instrument remains. You will see on the right of cut the position maintained by the exterior portion of the speculum while in use. Through the slot and open ends you will observe the walls of the rectum. The aperture on the side is one-fourth the circumference of its caliber. The bulging external wall removes from view the redundant folds of mucus membrane. No handle is required to regulate its position, as the instrument is self-



INTERNAL PILES.

ULCERATED POCKET.

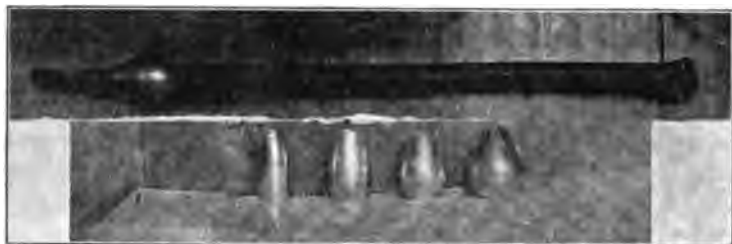
FISSURE.

adjusting. Neither are there blades to open or close and scrape the mucus, nor protuberances to involve tumorous growths while removing the instrument. It is so efficient while in service that at the time of inspecting a pathological condition with reflected sunlight and having a camera in readiness, a view may be photographed without encroaching on the comfort of the patient. Although an amateur with no experience with a camera, we reluctantly present some of our first attempts, only that you may anticipate what might be done in this line.

The illustrations are three-fourths normal size. The first is a dull view of internal piles. The second an inflamed pocket, which has ulcerated and penetrated about an eighth of an inch into the posterior wall between the external and internal sphincters. The third represents a fissure on the anterior wall of the rectum, involving the prostate gland. Although its owner had been an invalid

and totally disabled for a year, while at the same time he had been treating faithfully with a specialist for prostatitis and cystitis with no improvement, his trouble yielded and he is now practically cured. By dilating to a normal caliber the sphincters and the use of the speculum locally we dressed the fissure with  $H_2O_2$  on an applicator to induce healing of the wounded tissue that was beyond the reach of the dilator. With a small speculum the fissure appeared as a gash one inch long, made by a slate pencil, while with the large speculum, as is represented here, the walls are separated, which presents its base to view, thereby forming a circular wound about an inch from the verge of the anus.

For breaking up adhesions of the sigmoid we place the dilators



CHANNEY'S ALUMINUM SIGMOID DILATORS.

on a No. 5 Wale's bougie; this not only opens the adhered walls by inserting and expelling it, but if an abscess exists unknown to the patient, as occasionally is found, the dilators on being retracted will expel the septic accumulations. Also if adhesions have been produced through inflammatory diseases in the splenic flexure or transverse colon they may be separated with the smaller dilators on a longer bougie than the ordinary. The sigmoid dilators are lubricated and passed the same as the rectal dilators, by breathing deep or straining gently as at stool to relax the sphincters. If the bougie engages a fold of mucous membrane or foreign matter, allow warm water to enter through the bougie while in operation to distend the bowel. Thus dilation of the sigmoid can with practically no pain be accomplished.

If you wish to examine the ulcerated walls of the sigmoid, introduce the sigmoidoscope in the manner used in introducing the sigmoid dilators. Remove the bougie and No. 1 dilator, which forms

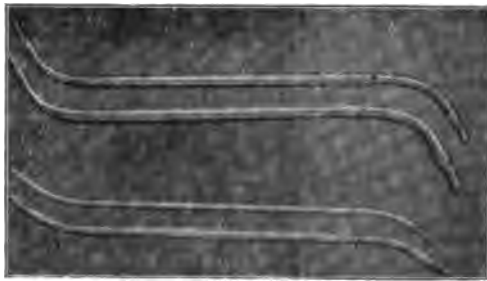
its point. By removing the cylinder slowly and moving the end back and forth on the sphincters and as a fulcrum, a fairly good view will be obtained as the mucous walls glide over the engaged



CHANNEY'S ALUMINUM SIGMOIDOSCOPE.

opening, while the rays of an electric lamp or reflected sunshine illuminate them.

For dilating the meatus urinarius, prostate gland and sphincter vesicæ we have had sounds made with a bulb near the point, in graduated sizes. These accomplish the work of breaking up adhesions by inserting and extracting the instrument through the strictured portion of the urethra.



CHANNEY'S ALUMINUM URETHRAL DILATORS.  
CHANNEY'S ALUMINUM UTERINE DILATORS.

The uterine sounds are also provided with bulbs in graduated sizes and placed sufficiently near the point to allow the bulb and point to be taken within the internal os and not puncture the walls of the fundus uteri; the length from the highest portion of the bulb to point of sound does not exceed one inch in the largest size. The best lubricant we have used on the instruments is:

- B. Paraffin. .... 4 oz.  
Clear white vaseline. .... 1 lb.  
Carbolic acid. .... 8 m  
M. Melt and stir until cool.

For lubricating the dilators entering the prostate gland or bladder use a mild oil soap. Boiling water should be poured on the instruments before and after using, while a basin of cool water may be at hand to temper them to the senses. The warmer the better without burning, as heat relaxes the sphincters. All of our instruments are made of aluminum, as it provides a suitable surface to take the lubricant, good conductor of heat, no plating to chip off and roughen the surface, does not dent easily, but when it has been disabled by a bruise the rough surface may be smoothed with a knife in a few seconds. When an instrument has become disfigured, although it may still perform its work efficiently, it may receive a polish in a few minutes that will present it as new. Also they are very light and easily manipulated.

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## EARLY RECOGNITION AND PROMPT TREATMENT OF GONORRHEAL SALPINGITIS.

DE WITT G. WILCOX, M.D.\*

BUFFALO.

If there is one disease more than another that it behooves the general practitioner to recognize early and accurately, it is gonorrhea in the female. In its wake there surely follows agonizing suffering, domestic misery, chronic invalidism, dangerous operations and untimely deaths. He does well who can successfully combat such a procession of ugly monsters and leave them headless on the field; but he does better, and merits more, who recognizes the food upon which the monsters feed while yet sucklings, and by the utter destruction of that nourishment, annihilates the entire group.

Comparatively few of the diseases peculiar to women come to the hands of the surgeon gynecologist primarily. It is the general practitioner who sees them first, and very generally their future fate is decided by his ability or ignorance, his promptness or procrastination.

\* Surgeon to Buffalo Homeopathic Hospital, Gynecologist to Erie County Hospital, Surgeon-in-chief Lexington Heights Hospital.

tination. Gonorrhea in the female is not a difficult disease to cure, provided the treatment is begun early in the attack. It is one of the most intractable diseases to treat after the gonococci have found their way into the uterine cavity and the tubes. How may we recognize the disease in its incipency? If an otherwise healthy woman comes to her physician complaining of a burning, smarting sensation in passing urine, he is omitting a great part of his duty toward her if he dismisses the complaint with the mental conclusion of "a little cystitis;" nine cases of ten may be cystitis, but the tenth case may be gonorrhea, and he will have done his patient a lifelong injury if he fails to determine positively the cause of her trouble. The pain of cystitis and that of specific urethritis is not similar. The former causes much pain after urination because of the vesical tenesmus, it is gradual in its outset and may date back some weeks or months prior.

In gonorrhea the attack is sudden; the patient may be feeling perfectly well, when suddenly upon micturition she is conscious of a burning, smarting sensation; this is increased at the next voiding until the pain becomes very acute.

If she now consults her physician, it becomes his duty to make a careful inspection of the parts, as she has told him sufficient to arouse his suspicions concerning the true cause of the disease. This examination discloses a highly sensitive and inflamed meatus urinarius, together with a creamy discharge exuding from the vagina and urethra. The vaginal canal is sensitive, causing much pain by the introduction of the finger. The collection of a few drops of this discharge upon a glass slide, staining and drying, will disclose the presence of the gonococci; but in the absence of such confirmation, the physician should not allow valuable time to be lost merely for the sake of confirming his suspicions, which already have sufficient support. He should begin his treatment then and there. The sooner the physician abandons the idea of obtaining a confession from his patient as to the manner and time of her infection, the more brilliant will be his results, for either by her willful denials or through her ignorance or innocence, he will be misled and eventually induced to believe it is only a benign discharge, and thus fail lamentably in the full discharge of his duty. The first process of the treatment, while the disease is yet a specific vaginitis, is to cleanse thoroughly the vagina and external genitals. This is best done at the time of

the first examination with the patient in the lithotomy position; in fact, there is no other effectual method of doing it. Place a douche pan under the patient's hips and wash out the vagina with the same thoroughness as though preparing for a vaginal hysterectomy. Next, douche thoroughly with a 1 to 5,000 bichloride solution, and finally use a 1 per cent argonine or protargol solution. The patient should then be put to bed and a vaginal douche given every three hours, consisting of some of the albumates of silver compounds. This douche should be given while the patient lies upon her back with a douche pan under her hips. I have little faith in the douche which some patients take in the squatting position.

In the large majority of cases, a complete cure can be effected in ten days. We come now to the next stage, gonorrheal endocervicitis. Let us suppose that upon making the first examination, we not only find the external genitals inflamed and bathed in pus, but we notice pus escaping from the os uteri; the cervix is inflamed, enlarged, sensitive and eroded. Again the presence of the gonococci determines the precise nature of the discharge, but again is the physician not justified in waiting more than forty-eight hours to determine such presence. It is better to mistake a simple non-purulent discharge for a purulent one and treat as the latter than to delay the treatment of a specific endocervicitis until the infection has reached the tubes and the disease becomes incurable medically. Here again, the treatment should be prompt and vigorous, for it is quite possible the infection has not yet reached the cavity of the uterus and the disease may be stayed while in the cervical canal.

The same treatment as above outlined is to be observed here plus the cleansing of the cervical canal. Bichloride 1 to 5,000 should be used freely to wash out this canal, and finally the canal should be painted with tincture of iodine by means of an applicator. Under no circumstances should a probe or dilator be inserted into a uterine cavity wherein pus is discharging from the os, without first rendering the cervical canal sterile, for it is quite possible the uterine cavity may not have become infected, and no surer way could be devised of infecting it than by such introduction of a sound.

Third stage of the disease: How may we know when a woman is suffering from gonorrheal endometritis, acute or chronic? In the acute stage, she will present herself with all of the foregoing symp-

toms of smarting and frequent urination, profuse discharge, swollen genitals, which she may innocently ascribe variously to cold, too frequent coitus, injury, exposure, etc. These symptoms, she tells us, were gradually subsiding when she became unwell. About the second or third day of her menstruation, she began having severe pain in the uterus different from her unwell cramps, the flow lasted longer and became more profuse. The uterus became very tender and she felt ill all over. After the flow ceased, she had a very profuse yellow discharge from the uterus; she was feverish and took to her bed; her entire abdomen became sore. She has gradually improved, but is conscious of the uterus every step she takes. We make an examination, find the uterus enlarged and exquisitely sensitive, os eroded so that very little epithelium appears; discharge, thick, yellow, tenacious. With those symptoms and conditions present in a woman who has not recently had a miscarriage or confinement, it will not require a microscope to determine the diagnosis. She has gonorrheal endometritis.

I venture to say that seldom is the physician placed in a more responsible position than when he confronts just this situation. Here in the uterine cavity which he is examining lies coiled a serpent, ready to fasten its poisonous fangs into the sensitive peritoneal structures which so abundantly surround it and which, when once infected by this poison, will almost to a certainty produce such destructive changes as to imperil the patient's life, produce chronic invalidism or force the issue of a dangerous operation. Will the physician be able to destroy the venom of this serpent before it has fastened its fangs into the sensitive tissues or will he sit by in "innocuous desuetude" trusting to inert internal remedies? The situation is now surgical and must be met by surgical measures; an anesthetic, dilation and sterilization of the uterine canal, curettage and thorough douching. The object of the treatment is to wash out the pus and destroy the gonococci. For this purpose the aluminate of silver compounds again come first.

The fourth and last stage: Gonorrheal salpingitis and peritonitis. In this act, the serpent has either escaped the physician or was able to get in his poison-infecting work before the physician appeared upon the scene. At any rate, the serpent is making a glorious success of his part and the curtain falls with his victim upon the operating table. Fortunately for the poor victim and to the

relief of the overstrained spectators, modern science rings up the curtain and shows surgery with his foot upon the serpent, while he is cutting out the poisoned tissues and infusing new life into the hitherto abandoned victim.

How may we recognize gonorrheal salpingitis? A patient presents herself complaining of pelvic pain; she may have had it for days, months, years. Her face denotes her suffering. Her posture, upon standing, suggests pelvic trouble. If she is young, she has lost the bloom of youth. If she be middle-aged, she appears haggard. She has pain over each ovary and the pain runs down the front of her thighs. She suffers more when she menstruates. Her bowels are constipated, her micturition is painful. She may or may not have a uterine discharge. You inquire into her history and at first obtain but little. She has had the pain so long, she does not remember how it began. Yes, now that you remind her, she did have what the doctor called inflammation of the bowels or peritonitis a long time ago. She was laid up in bed some weeks, had quite a fever and suffered terrible pain. Yes, she remembers having a discharge from her genitals previous to that which was but a few weeks after her marriage. She recalls the painful urination and how sick she was at her next menstrual period, and really she thinks that was the beginning of her ill health, and really you are inclined to think she is quite right, for she has diagnosed the case for you and you simply make an examination to confirm it all. Yes, there are lumps on each side of the uterus just as you should expect. They are the thickened, chronic inflamed, densely adherent tubes and ovaries. The uterus is fixed and sensitive and the pelvic floor inelastic. She may volunteer the information that when she was sickest and the doctor thought she could not live, she felt something inside give way, had a passage of "slime" from her bowels and began then to improve. That little information, unimportant to her, tells you of the rupture of the tubal abscess into the bowel and the narrow escape she had from a fatal septic peritonitis. Again she may tell you of the frequent attacks of peritonitis she has every time she takes a little cold or her menses are delayed or she indulges in too frequent intercourse. In her case you find the tubes in a constant case of sub-inflammation which becomes reinfected each time the endometritis is lighted up with a fresh inflammation, each attack rendering the tubes worse because of the greater accumulation of pus therein.



Such is the desperate status into which many women eventually fall when the first symptoms of their gonorrheal infection fail to impress the mind of their physician with sufficient force to arouse him to that prompt and effectual treatment which alone can effect a cure.

## FREQUENCY OF MICTURITION.

CLIFFORD MITCHELL, M.D.

CHICAGO.

Frequent desire to urinate is a symptom complained of by a large number of persons who seek medical aid. The causes of it are so numerous that often nothing but a most searching examination of both the patient and his urine will reveal the lesion responsible for the trouble. In some cases it is easy to discover the cause and to relieve the patient; in others the utmost difficulty is experienced in affording relief. In cases which come under the writer's observation frequency of urination is found most often in the following inflammatory disorders: Acute nephritis, especially following scarlet fever, where frequent urination is one of the earliest symptoms occurring before the urine itself shows conclusively the character of the disorder; genito-urinary tuberculosis; posterior urethritis, especially in males any time after the third week of gonorrhea; calculous pyelitis and cystitis; acute prostatitis and abscess of the prostate; hypertrophy of the prostate in which frequency at night is a common symptom. In addition to the above we find more or less frequency of urination in some cases of contracting kidney with polyuria, and in diabetes mellitus and insipidus.

The diagnosis of these lesions seldom offers much difficulty except in tuberculous cases, and has been considered in the writer's recent work on Renal Therapeutics. But excluding these disorders there are a number of others still remaining which may give rise to the annoying frequency. Most common are oxaluria and phosphaturia without inflammatory condition, the frequency being caused apparently by irritation from the urinary sediment; hyperacidity of the urine with sharp crystals of uric acid in the sediment; hypersensitive condition of the external genitals as in stricture, phimosis, balanitis or vulvitis; masturbation, causing various hypersensitive conditions, must not be overlooked; anal irritation, as in cases of fis-

tures, eczema, or where pin-worms are present; polypous excrescences and urethral caruncle in women; malformations of the bladder and urethra; misplacements of the uterus; fecal impaction in the lower bowel. Cases occur due to atony of the sphincter vesicæ from general debility, spinal disease, or acute febrile disorder.

There are some cases, as, for example, in children, where the frequency may be referred to a psychical cause; the child is drowsy or unbalanced and dreams that he is urinating, or that he wants to urinate. In such cases periodicity of occurrence is a feature, and inability to hold the urine may be more marked than the frequency itself.

The writer sees one class of cases which have not received the attention they deserve, namely, those due to ungratified sexual desire. Here the frequency is perhaps due to more or less constant condition of irritation of the prostatic sinus in the neighborhood of the seminal ducts, without, however, any inflammatory lesion. The frequency is especially annoying if, in addition, the urine is hyperacid or irritating from any cause. The prostatic sinus being congested and constantly more or less irritated from irregular or ungratified sexual desire, the congestion extends in both directions, involving the cut-off muscles in front and creeping backward into the neck of the bladder through the inner orifice of the urethra. The whole urethra is sensitive and irritable, and the cut-off muscles excessively sensitive and irritable. The desire to urinate is frequent by day, but the patient is troubled little or any at night. A curious feature of such cases is that the urine can be retained better when the patient is actively employed or when under the stimulus of alcoholic liquors. Moreover, the frequency is regularly greater on cold, damp days and during worry. The urine when examined seldom shows anything more abnormal than a moderate increase in the twenty-four hours' volume with the natural accompanying decrease in color and grains of solids per fluid ounce. An interesting case has recently come under the writer's observation, a description of which with the treatment employed is as follows:

Mr. G. J., 30 years of age, unmarried, a clerk by occupation, temperate and continent, but employed where he was in close business relations with a number of women. When he consulted the writer had been under treatment by various physicians for four years

without the slightest relief. In cold weather he had to urinate every hour, and after a cold bath every fifteen minutes for several hours. He was worse on Sundays and early in the week, better on busy days and in the latter part of the week; much worse in the cold weather of winter, and in damp weather. Otherwise felt well and slept well. An examination of the twenty-four hours' urine showed the following: Volume of urine per twenty-four hours, 83 fluid-ounces; specific gravity, 1019; urea, 6 grains per fluidounce; phosphoric acid, 0.4 grain per fluidounce; uric acid, 0.05 grain per fluidounce; no albumin; no sugar; no sediment of significance. Absence of inflammatory lesions, of cardio-vascular changes, and in fact of any of the various causes enumerated above led to a diagnosis by exclusion and from the history to that of frequency from ungratified sexual desire.

As the writer does not believe in sexual intercourse as the only remedy for unsatisfied sexual desire, the patient was not directed to give way to this impulse, but merely to take vigorous muscular exercise on Sundays instead of staying in the house, and also to exercise as much as possible during the week. This being for various reasons impossible at the time, a belladonna plaster was cut in two and half placed over the region of each kidney, while at the same time *cina* tincture in two-drop doses four times daily was given for two weeks. At the end of that time he felt a little better, but improvement was not marked. A whole belladonna plaster was then placed over the region of each kidney and a flannel jacket put on around the lower part of the back. *Cina* was increased to four-drop doses, and in addition *cannabis sativa* 2x prescribed, three tablets in alternation with the *cina*, each four times daily. In ten days he returned, feeling better than for years. The plasters irritated his skin and much moisture had exuded in the region of the kidneys, and the marked improvement in frequency of urination began when this moisture was first noticed. The plasters were now taken off and the dose of *cina* increased to five drops and that of the *cannabis* 2x to four tablets. In about six weeks he returned, reporting that the improvement still continued, with bad days only occasionally. He was then directed to take the remedies only on bad days.

I did not see him again for six months. At the end of that time he called and reported that the improved condition still continued. Eight months later he called again, with the report this time that he

had been taking regular physical exercise in a gymnasium and was practically a well man, the bad days occurring only at long intervals, when for any reason he was not up to par in general health. He was enthusiastic over the good effects of muscular exercise.

The writer, not only from this case but from others which have come under his observation, is strongly in favor of physical exercise and athletic sports for unmarried men. The injuries received in foot-ball, while to be deplored, are small in comparison with the physical and mental benefits derived from this source. A young man who is either housed or physically indolent is likely to suffer from too great mental or physical attention to the sexual organs, the ill results of which attention are too well known to the profession to need enumeration here.

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## INSANITY.

C. T. HOOD, M.D.

CHICAGO.

The preparation of this series of papers on Insanity has been undertaken at the request of the JOURNAL OF ORIFICIAL SURGERY and in response to many letters from former students requesting a copy of the lectures delivered upon this subject. As the lectures were but in outline this request could not be complied with. It is, however, with considerable trepidation that I begin this series of articles.

The classification to be given follows that laid out by Prof. H. C. Wood. The subject-matter has been culled from much reading, supplemented by personal experience.

The subject of insanity is so vast, so complicated, and so poorly understood, that even the expert often finds himself in a quandary with questions that he cannot solve. But few medical students hear anything of insanity while in college, except an occasional lecture, and after leaving college the subject is so uninviting and so complicated that but few give any time to its consideration. The facts are, however, that owing to the manner of our living and the so-called blessings of civilization, the number of the insane is on the increase, and as it is the general practitioner who first sees these cases of insanity, we deem it worth while that we spend some time in the consideration of this, the most complicated branch of medicine.

It is not intended in these papers to give matter that will serve as a basis for expert testimony. However, we hope to be able to outline the subject so as to at least direct the practitioner in the right line of study. As we study the physiology of the various organs before we study their pathological conditions, so we must study what we know of the physiology of the brain.

For convenience' sake, although it may not be a fact, yet it very materially simplifies the subject, let us divide the intellectual faculties into: First, the will; second, the intellectual faculties proper; such as reason, imagination, etc.; and third, the emotions, as fear, anger, sorrow, etc. This is by far the simplest and most easily understood classification of the brain functions. Upon these three, the will, intellectual faculties and emotions, depend the harmonious action of the individual.

It is possible, and sometimes does occur, that one of these three may be affected without the others, but these are those rare cases where it is impossible to tell whether the individual is sane or insane. The fact is that in every case of mental derangement any disturbance of one of these faculties is accompanied by a disturbance of the others. This of itself is a clinical point well worth remembering, because it is in functional diseases where one of these faculties is affected and not the other two. The will controls or inhibits the lower intellect and emotional brain functions. I wish this statement to be particularly well understood, because it is directly contrary to what is usually believed. Remember the statement that the will simply controls or inhibits the lower brain functions. We cannot will ourselves to do anything, but by will we may allow ourselves to do what we wish. To illustrate: we do not will ourselves into a passion. We can prevent the passion by will power. We can also by will power allow the mind to dwell upon certain things that will stimulate the desired passion. Affections of the will are manifest first by weakness and failure of will power, and second, by an increase of the will power. I grant that in many cases of mental derangement the patient seems to possess more will power than in health, but the facts are that the will is enslaved by the lower intellectual or emotional centers. Weakness of the will may be the result of:

First. Organic changes in the brain cortex.

Second. Functional brain diseases which lower the tone of the brain cortex.

Third. It may be the result of chronic poisonings, as alcohol, opium, tobacco, lead, etc. It may also follow acute illnesses, hardship, age, long continued anxiety, or chronic diseases, in fact anything that will lower the nutrition of the brain cortex below the normal point, of which each individual is possessed.

Increase of will power shows itself in some form of mania, the result of excitement of the cerebral cortex. The emotional natures may be depressed, increased or perverted. Fix this definitely in mind, because a clear understanding of this clinical point will be of service later in the consideration of the various forms of insanity. Often this alteration of the emotional nature may affect but a single emotion or class of emotions. Then, again, there will be an affection of one class of emotions and in a longer or shorter time emotions directly opposite will be affected. An insane person may be to-day in a state of joy, to-morrow in that of depression. To-day he may be melancholic, weeping and wailing, and to-morrow in a state of frenzy; or he may pass gradually from one of these states to the other. But the emotional natures will be affected either singly or in groups, or in these opposite directions.

We frequently find in advanced states of mental diseases a true state of emotional enfeeblement. These are the cases where the objects or thoughts that usually arouse the emotions produce no effect. This is the true emotional depression, and must be carefully differentiated from the cases of apparent mental depression. The cases of apparent mental depression are by far the more difficult to understand, and there is only one way, to my mind, to explain them. But if this explanation be accepted, then many intricate things connected with insanity will be made plain; that is, that the apparent depression, or excitement, is due to an over-excitement or over-activity of the depressed centers, or over-excitement or over-activity of the emotional centers. Remembering this fact, you will not look upon a case of melancholy as a condition of mental depression, but it is a condition of excitement or over-activity of the apparent depressed center. That is to say, the depressed centers of the brain are overstimulated. They are so much overstimulated and so much depressed emotion is produced as to overcome for the time at least and shut out all other cerebral activity. If this explanation be accepted, then it is easy to account for the great changes

that take place in the insane. To-day a patient may be weeping and in tears, to-morrow he is happy; to-day he may be sullen and morose, to-morrow playful. The same cause, the cerebral hyperemia, which to-day affects the center for joy, producing an over-activity of that center, to-morrow has shifted, and the hyperemia affects the depressed centers so that the depressed emotions are greater.

A little later on, when we come to the classification of insanities, we will find that the organic insanities are but few, while the so-called functional insanities are many, and the only way to explain these functional insanities is by this hypothesis, viz.: a shifting cerebral hyperemia. Absolute increase of intellectual power is a rare condition and is never found in any advanced state of mental disease. Once in a while a case will present itself where there is an increase of intellectual power. This is accompanied by a persistent insomnia. The individual is able to do an unnatural amount of work and work of a much better character than ordinarily. He seems to take no account of time, does not become tired. This condition is in all probability due to a hyperemia of the brain cortex and is always the forerunner of a collapse.

Failure of mental power may be the result of, first, functional disease, or second, organic brain disease. When mental failure is complete it is known as dementia. It is very important to recognize the beginning of true mental failure; as a rule, the memory is the first to become defective. But do not forget that defective memory is very, very often the result of functional disease and of such disease as cannot produce mental changes. Next to memory comes the loss of the power to fix the attention. Many cases of apparent defective memory are due to lack of proper attention. The power to fix the attention upon a subject is the result of education, so when the brain is weakened by disease or impaired by poor nutrition, it is not possible to keep the mind upon a subject as in health.

Loss of memory or loss of the power to fix the attention, when they exist alone, usually mean what is generally termed nowadays as cerebral æsthema, or brain fag. But when loss of memory and the loss of the power to fix the attention are associated with other evidences of mental derangement, they point to a serious diseased condition of the brain. Incoherency is another symptom that may depend upon mental excitement or upon loss of mental power. When the incoherence is the result of excitement, the ideas rush

upon the patient to such an extent that he is not able to get them out fast enough, hence the incoherence. But when the incoherence is the result of the loss of mental power, the sentences are not complete. The brain does not act sufficiently to put the ideas into words. Occasionally there will exist an incoherence of what is called a mixed type. Where there is a true loss of mental power an excitement will produce an incoherence.

We now come to the consideration of three words that are used in connection with insane cases as well as with other diseases: three words that are very often improperly used and that are very poorly understood.

First. Hallucination.

Second. Illusions.

Third. Delusions.

A hallucination is the perception by any of the senses of something that does not exist. Hallucination may be, then, as varied as the senses. Therefore, when a man says that he sees, hears, or tastes something that there is no cause for, he has a hallucination. In some of these cases, the cause of the hallucination is within the special sense, as in the ear, in the optic nerve, in the retina. Hallucinations are usually connected with one sense. Very seldom do they hear and see something that does not exist. They may hear it, or they may see it, or they may smell it.

An illusion is the converting of something perceived by one of the senses into something not perceived. To illustrate, a man sees an animal. The animal is perceived, but is changed in his disordered brain into a man. This is an illusion. In clinical experience, however, there is but little difference between hallucination and illusion. A hallucination of itself has but little definite diagnostic import. They may occur from exhaustion of the nervous system; they may occur as the result of watching and fasting, or from extreme hunger or thirst. They may be the direct result of poisons, as alcohol, cocaine, opium, etc. They often occur from the various auto-intoxications, as in typhoid, pneumonia, septicæmia, etc. They often exist with hysteria, and are not common with organic brain disease.

Keep this point in mind, however, that hallucinations do not necessarily depend upon, or prove the existence of an unsound mental state, but hallucinations are very apt to be associated with



mental unsoundness. Hallucinations become of diagnostic import when they enable one to test the mental condition of the patient. To illustrate, a man may think he sees something, but when he uses his other senses he is convinced that he saw nothing. He is not insane. But if he believes that what he thought he saw exists when it does not, then he is insane.

Now mark, it is not the presence of the hallucination that proves him insane, but it is the lack of proper judgment when he demonstrates by his other senses that what he saw did not exist, that proves him insane. If he persists in believing that the hallucination exists, then he has a delusion.

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### HOT PACK IN JAUNDICE.

SUSAN E. BRUCE, M.D.

CHICAGO.

I have been quite satisfied with the results obtained by the use of a hot pack in an obstinate case of jaundice in a boy of two.

The case was characterized by persistent nausea, and vomiting of everything taken into the stomach. The stools were white, extremities cold, temperature from 101 to 103, the urine very scanty and loaded.

The little fellow taxed my resources for five days, when, in desperation, I bethought me of the pack. I used a hot wet sheet, with dry blankets, and kept him in over an hour. The bowels moved freely while he was in the pack, and the stool was abundantly mixed with dark green discharges, showing that the duct had relaxed under the treatment. I had previously used mustard over the stomach, which barely discolored the skin and left no trace. After the pack there was a deep red square on his little stomach where the mustard had been. The case gave me no further anxiety. I felt that it was very instructive to me and may be of use to others. My diagnosis was cattarhal jaundice, the duct being obstructed by the hypertrophied membrane.

# EDITORIAL DEPARTMENT.

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## SERIES OF IMPERSONATIONS.

### IMPERSONATION NO. 10.—THE SYMPATHETIC MAN.

LADIES AND GENTLEMEN :

I feel deeply grateful to my brother, the tubular man, for preceding me on the program prepared for your consideration by our family of human shapes. You see he has no tissue peculiar to himself, but is made up entirely of contributions from other members of our family, taking his outer coat from the areolar man, his middle coat from the muscular man, and his inner coat from the skin man, and claiming a part of the vascular and lymphatic men as belonging to himself, and altogether, as he is so apparently lacking in individuality, he is seldom looked upon by casual observers as a distinct member of our composite family. And yet, as I think he has convinced you, appearances to the contrary notwithstanding, he has his individuality and is really possessed of as perfect a shape as any of us, and is by no means the least important member of our family. Hence it was proper that he, as well as his brothers, should appear upon the platform and make his autobiographic remarks. His speech was not quite as comprehensive as it might have been, as I think he felt sort of half forgotten, and that he was really made use of as a forerunner of myself, and so got through with the occasion as briefly as possible. However, his remarks were sufficiently complete to serve as an appropriate introduction to the story which with your forbearance it is now my place to tell.

I feel as though the cerebro-spinal man, if he had been so inclined, could have made my task an easier one, but undoubtedly he either thought it would please you better to have me tell my own story, although he knew my natural diffidence and inexperience in speaking, or else he had exaggerated ideas of my being able to take care of myself on the platform without his friendly assistance. It seems to me that he should have been much kinder than this, for

our lives are so closely entwined that much of our work is in common and he knows all about me, and can talk so much better than I can that I confess to a little disappointment that he did not find it in his heart to lighten my task by making more extended reference than he has seen fit to do to the part which I play in the human economy. So with thanks to the tubular man for his generosity, and regrets to the cerebro-spinal man for his lack of the same quality, I shall proceed with my story the best I can.

You know that the cerebro-spinal brother and myself are the sole means by which life flows in from all its unseen sources and animates our composite nature. Not a sensation is recorded, not a muscle is moved, not a function is performed, not a shadow of growth or repair can take place in the human body that is not presided over and accomplished by means of nervous messages for which one or both of us are responsible. Now the cerebro-spinal man has already addressed you, and you will remember something of the part which he plays in our family of shapes. The part which I play is the part which he leaves undone. He is busy with the sensations of consciousness, which include the five senses, and with all physical activities that are under the control of the same. That is, he can walk and talk and dominate the entire system of voluntary muscles to his heart's content so long as they have strength enough left to follow his bidding. But as the tubular man has told you, there is a set of muscles over which he has no control, and those are the muscles which are known as the involuntary type and constitute one of the coats of the tubular man, and the action of these muscles, and consequently the entire activity of the tubular man, is wholly dependent upon me for activity. The heart cannot throb, the arteries cannot pulsate, the air cannot reach the lungs, the blood cannot get back to and from the heart, the various glands and tubular structures of the body cannot work; in short, no bodily commerce whatever can be accomplished except under my direct and personal supervision. The cerebro-spinal system may boast of his senses and his power to transport the body from place to place and employ it to his liking, but he would have no body to domineer over if it were not for me. Body building and repairing are my personal function, and my task is so confining that it would be a wearisome one indeed if it were not a labor of love. You see the cerebro-spinal man can sleep eight hours out of the twenty-four and loaf a good deal of the

remaining time if he chooses to do so. But if I should sleep for an hour our entire family would be completely wiped out of existence; and whenever I loaf or drag in my work, as I sometimes do from sheer exhaustion, serious mischief is sure to be visited upon some part of the human body, and the loss must be quickly made up or apparent disaster is sure to follow.

The tubular man has told you that he is responsible for all bodily commerce, for all organic activity, for all body building and repairing, for no building or renewal of physical texture can be accomplished except through his agency. Now while that is true, it is equally true that it is myself who furnishes the tubular man with all his inspiration. I am the steam which runs his machinery. Without me he can do nothing. So long as I am vigorous and in good working order the tubular man can perform his important functions in a satisfactory manner, but when I am weak or from any cause run down so that I am unable to furnish the tubular man with the customary amount of inspiration all the wheels of the human organism run more slowly, and some of them are sure to clog, and the entire body becomes like sweet bells jangling out of tune. So you see I must be the first human shape to be born, the last one to die, and must be in such constant and forceful presence as to supply the tubular man constantly with all the stimulus which he needs for his important operations. The entire body can do nothing without me, and my occupation of supplying the inspiration for our entire family is so constant and engaging that I am compelled to attend strictly to business night and day from one end of life to the other and have no time whatever for observation, education or amusement outside of my daily tasks. As a rule, I perform my work so noiselessly that the rest of the family are scarcely conscious of my existence, for when I am well everything works all right, each organ plays its part as usual, and the entire machinery of life is operated noiselessly and without friction. When I am not well; however, and am not quite equal to the demands made upon me, I have two ways of making it known to the family. One is by appealing to self-consciousness through the assistance of my cerebro-spinal brother, with whom I am closely associated, thereby causing some disturbance of sensation or locomotion (the most frequent disturbance in this direction being the instituting of some form of pain); or I sometimes take it into my head to say nothing

to my cerebro-spinal brother about my affairs, but simply shirk my duties, and my inefficiency becomes manifest only when some one or all of the organs suffer from some function poorly performed.

There are two of our brotherhood that belong to the unseen realm. One of them is known as the conscious and the other as the unconscious man. The conscious man inhabits the cerebro-spinal system. My own organization is the dwelling place for the unconscious man. These human shapes are to address you as best they can in a short time. My purpose in making any mention of them in the present connection is to inform you that it is by way of the unconscious man that my intuitions and impulses and inspirations flow out into the bodily tissues and move and invite the composite man to some form of activity. So you see that in a way the important powers which I have been arrogating to myself are really those of the unconscious man, and I am simply the humble instrument by which he exercises his influence in the bodily counsels. Just as the tubular man acts as my agent for carrying out my purposes in the human economy, so am I merely the agent of the unconscious man. So although it may appear to you that I talk as though I had power within myself it is always with this mental reservation, acknowledging my entire dependence upon the soul within me, who will claim your attention later. I am, then, simply his messenger or agent.

Now, like any other messenger or agent, if I am well and in good working order I transmit these emotions and inspirations to the conscious man for his consideration and judgment with accuracy and clearness, but if I am exhausted or ill-conditioned in any way and the rhythm of my usually harmonious activity is in the slightest disturbed I am unable to perform satisfactorily this highest duty of my life. You know that it takes a glass perfectly smooth and without a flaw to transmit white light unbroken. Distorted or imperfect glass will break up rays of white light which are passed through it into rainbow hues, so that it gives the observer an erroneous impression of the nature of light itself. In much the same way may clean purposes, wholesome aspirations, worthy impulses, heaven-sent inspirations intrusted to me for delivery to the composite man be delivered by me as faithfully and true as they were received if I am in a normal state. But unfortunately if from any cause whatever my strength is weakened or the rhythm of my

various parts disturbed as these various messages pass through my organism on their way to the tissues, they are changed in their coloring, distorted in their meaning, converted into different and unworthy messages from mind to matter, thereby transforming truth into falsity, good into evil, virtue into vice, and very generally upsetting the moral, intellectual and physical standards of excellence according to the degree of my disability as I undertake the task of conveying to the various bodily tissues the messages with which I am intrusted by the unconscious man who dwells within me. In other words, to put this same thought in plainer language, for I feel that I have but poorly expressed it as it is, you cannot transmit white light through crooked glass, you cannot produce good music upon an instrument which is out of tune, nor can the body receive clean inspirations and impulses when the sympathetic nervous man, through whom only they can be transmitted from mind to matter, is ill-conditioned. Such being the case, you would naturally think that my importance would long since have been recognized by the medical profession, and by the laity as well, and that the study of the waste and repair of the sympathetic nerve would have been regarded as one of vital importance. Astonishing as it may seem, however, it is only of recent years that much notice has been taken of me; and although I am responsible for all bodily conditions, the manner in which every organ in the entire body performs its function, my characteristics of habits and necessities have been badly slighted. If I do my duty on the present occasion, however, I am sure such will no longer be the case with those who are within sound of my voice, for you will be made to realize that it is through my agency only that physical perfection can be attained and physical defects, either inherited or acquired, can be corrected. But I have detained you long enough with generalities, and now to the more specific business which is expected of me on the present occasion.

I must first tell you something of my physical make-up, and then furnish you with brief reference to my physiology. Of course, like my brothers, I am prone to sickness and can get up as interesting pathology when conditions are right as any of my fellows, but pathological considerations would have to be extensive to do them justice on the present occasion, and so will be omitted. So, first of all, permit me to make brief reference to my anatomical structure.

Like my cerebro-spinal brother, my entire shape is made up of

nerve centers and nerve cords issuing to and from them. My nerve centers constitute my brains, and these, I must confess, are a little scattered. But it doesn't matter much, for I have very little thinking to do; in fact, I never reason about anything. I have a splendid memory, for my activities are almost entirely automatic. The nerve centers in my cerebro-spinal brother are massed together and constitute a tremendous nervous battery, which acts as the phonograph of life, for he not only receives impressions but he talks back, and does not always use good language either, and you can never tell what reply he is going to make to impressions received. With me it is different. I always give the same answer to the same impressions so long as I am in good health and able to do so, and no amount of education or training seems able to change my nature. This, of course, makes me very reliable, and adapts me well for my position as a steady provider of the force which propels all of our bodily machinery. My brains are so widely scattered that you will find fragments of them in almost every organ of the body. I provide separate nerve centers for the heart, for the lungs, for the liver, for the kidneys, for the spleen, for the brain, for the intestinal tract, for the bladder, for the uterus, for the prostate gland, and indeed for all the so-called vital organs. Beside these small fragments of brain tissue which are located in the various organs, the principal part of my brain substance consists in small knots or ganglia of gray matter, arranged longitudinally in two nervous tracks, which extend in front of the spinal column from the base of the skull to the coccyx. These sympathetic ganglia of mine are arranged as practically one ganglia for each vertebra. In some places, however, as for instance in the neck, two or three of the ganglia are so closely related as to practically form one, so that instead of there being seven ganglia for the neck corresponding to the number of vertebræ, there are only three on each side, and in the dorsal region instead of there being twelve ganglia there are only eleven. In the lumbar region, however, there are five, and in the sacral region there are five, besides the ganglion impar (situated in front of the coccyx); in which the lower ends of the chain of ganglia are united. I have called these two rows of ganglia a chain. They are much more like a string of beads, for although they are very small affairs, the larger ones being but little bigger than a pea, they are connected by nervous cords so as to form one continuous string on each side.

I have four ganglia also on each side located about the skull, all of them being closely associated with the fifth nerve of the cerebro-spinal man, which is the nerve for sensation for the head and face. One of these ganglia is in the orbit and communicates with the so-called supra-orbital nerve. One of them is located right back of the upper jaw in a cavity known as the sphenomaxillary fossa, and is fastened to the superior maxillary nerve or the one that supplies the upper teeth and the middle of the face. A third one hugs the base of the skull just where the inferior maxillary nerve, which is the one which supplies the lower teeth and the lower part of the face, comes out of the skull, the opening being called the foramen ovale; while a fourth one is located right under the lower jaw in close association with one of the salivary glands. This one, too, has a close association with the inferior maxillary nerve. There is one other place in which are collected together several large ganglia, constituting the most pronounced association of nervous matter in my entire organization. It is located right back of the stomach, and from it issue the nerves which proceed in every possible direction, and hence it is called the solar plexus. So conspicuous is this collection of gray matter that I have permitted it to be called the abdominal brain. This is the place where Fitzsimmons struck Corbett the knockout blow which won him the pugilistic championship, and is the spot which seems to be better appreciated by pugilists than by doctors, more is the pity.

Now while the cerebro-spinal man has his separate duty to perform in our family of shapes, and while I also have mine, you will understand how close our association is when I tell you that every one of the ganglia which forms the string of nervous matter extending on either side in front of the spinal column from the base of the skull to the coccyx has issuing from it a nervous filament which passes backward to mingle with the nearest spinal nerve as it issues from the spinal canal. Aside from giving off this filament to the cerebro-spinal system, it receives a filament from the cerebro-spinal system in return. So that there is not one of my ganglia that does not have a double communication with the cerebro-spinal man at its root, one nerve going from the ganglia to a cerebro-spinal nerve, and one nerve proceeding from the cerebro-spinal system to the ganglia; so that we can talk to each other at the same time that we listen.



In addition to this the cerebro-spinal man and myself are closely associated in what is perhaps the most important function of the human economy, and that is the circulation of the blood. When the muscular man addressed you, you will remember he spoke of his voluntary fibers, which are under the control of the cerebro-spinal man. He also told you of the involuntary muscular fibers which were under my control. The tubular man told you the same thing, except that he did not say so much about the voluntary muscles, because he had nothing whatever to do with them, his activity being dependent solely upon the involuntary muscles. Now, as you have been told by both of these brothers of mine, the middle coat of the arteries, and of the veins also, is muscular, and the muscular fibers are of the involuntary type, and consequently are properly under my personal jurisdiction. And so they are, at all times, day and night. But I wonder if you realize how important to our family is the circulation of the blood.

The arterial and venous men have both spoken to you upon the subject, but for fear you have forgotten it I wish to remind you that the circulation of the blood is responsible for all bodily changes. Not a cell ever reaches its destination in the tissues of the body that is not floated there by the blood stream, and not a bit of waste matter is carried away that does not eventually find its way into the blood stream, which in its course carries it to its avenue of exit. The circulation of the blood, then, is all that builds the body, or all that pulls it down. And hence there is no remedial measure that is serviceable in the healing of the sick that does not accomplish its purpose by influencing the circulation of the blood, either locally or generally. Now I can take care of this blood stream all right, for I do so when the cerebro-spinal man is either in a natural or induced sleep. I do it when he is under an anesthetic, I do it when he is under hypnotic influence, I do it when he is busy, I do it every night when he goes into voluntary inactivity, I do it when he is disabled by concussions and shocks that are severe enough to put him to sleep, but not severe enough to disable me also. But my cerebro-spinal brother is a little jealous of my power, or else he is anxious to befriend me in this, my important task, whichever way you choose to interpret his motives. At any rate, he does not leave me in sole possession of the involuntary muscular fibers which surround the arteries and veins, and which consequently are responsible for the

pulse beat and the return of the blood stream. For this important purpose the terminal nerve fibers of the cerebro-spinal man and my own intermingle so closely as to scarcely be distinguished from each other, furnishing a separate nervous system called the vaso motor system, which dominates the entire circulation. In this way either of us can hurry the heart's action or slow it, can blush or pale a face, can influence the blood supply to any part of the body. You watch any face when the conscious man is contemplating an object which he dearly loves. The blush which then suffuses the face his thoughts and feelings are entirely responsible for. On the other hand, when the stomach is overloaded and I have more than I can do to carry on the processes of digestion, and as a result the arteries of the head do not get my usual supply of nervous force to make them contract as they should, but remain too full of blood, our face is then made red and the blush which suffuses it has nothing to do with the thoughts and feelings, but is simply because my own work is poorly accomplished. So that either of us, the cerebro-spinal man or myself, can either blush or pale a face. Now, I have used the face simply as an illustration. But his thoughts and feelings can in a like manner influence the respiration. They can in a like manner influence the action of the heart, they can in a like manner distend or contract the liver, they can in a like manner influence the action of the kidneys and bladder. In fact, they can blush or pale any part of our common organism, either internally or externally. And so can I. And the way he accomplishes his purpose is in a similar manner to my own, by the influence which he is able to wield upon any part of the blood stream. So that while we are closely united, as you have seen, at our nervous centers, my ganglia communicating with his nerves, and his nerves communicating with my ganglia, we also meet in a still closer association if possible upon the coats of the blood vessels. All other involuntary muscles are under my personal control, and he is unable to influence this special function of mine except as he accomplishes it by way of the circulation of the blood. Of course I can influence his voluntary muscles, for I can starve them or feed them, but as he influences my domain by acting through the blood stream and I return the compliment, you see that in the blood stream as well as at the nervous centers we are so closely united that many anatomists say that we are not distinct organizations, but simply two parts of a whole. Into this deep

question, however, of our personal identity I do not propose to enter upon the present occasion, suffice it to say that in our own minds we are perfectly satisfied that while we have much in common we have also much that is not common, both in the matter of sensations and of emotions, so that in our hearts we well know that we each have an individuality of our own, and hence have thought proper to appear before you as separate shapes. You see, our motives of activity are quite different. His activities are all in the realm of consciousness, while mine are purely automatic. If you put a ball into his hand, he can hold it or let it go as he chooses. If you distend one of the tubes which I supply with nervous force with anything solid, liquid or gaseous, which puts the muscles on the stretch, just as sure as I am in working order I will induce the muscular ~~fibers~~ to contract upon the same, and have no power in myself to order otherwise. This may seem to you a weakness upon my part, a lack of judgment, an absence of reason, and perhaps this is so; at the same time it has the great advantage of furnishing a reliable supply of nervous power for the rhythmical action of all the various organs of the body.

I told you that small fragments of my brain substance were to be found in the various organs of the body. By this arrangement, owing to my automatic action, each organ is more or less a law unto itself, and is capable of sustaining a rhythm or definite time of action peculiar to itself and irrespective of the other organs. By means of this arrangement the lungs have a certain rhythm, their customary rate of action being about sixteen times per minute. The heart and arteries have another rhythm. Their beat, as you know, is from sixty to seventy times a minute in average persons. In the same way the stomach has a rhythm. The small intestine has a different rhythm, and the large intestine a still different one. The liver has a rhythm, and so has the spleen, and so have the kidneys, likewise the bladder, the uterus, and in fact all of the important organs. Now in health, although the rhythm of the various organs is quite different, nevertheless they are so arranged as to work harmoniously together, constituting the sublimest symphony of all creation, and there is no grander music in the entire universe than the harmonious action of the various organs in a healthy human being. It is interesting to watch the evolution of a musical theme by a large orchestra. The violins and cellos, and bass viols, and flutes, and

horns, and harps, and drums, each having their separate part to play, and yet with such due respect to the other parts of the orchestra as to blend harmoniously in the general flow of a musical creation, which sometimes marches like the tread of an army, sometimes fades like a dying day, sometimes sounds like a choir of angels, and sometimes deep-voiced, like the rage of a storm. In short, there is scarcely a human experience in the realm of thought and emotion that cannot be symbolized in music and recognized as true to life when properly interpreted by a well trained orchestra. But the symphony of life as displayed by the organs of a living, thinking, feeling, throbbing, active human body in perfect health is vastly grander in its conception and in its accomplishment, and the human being that has tuned his senses to an appreciation of bodily harmonies as they are evolved by the different parts of his own organization in harmonious action has the privilege of daily concert performances, by the side of which the feeble efforts of man's created orchestras are positively puerile.

Before letting go of the comparison of the music of the organs and that of an orchestra it may be well to call your attention to another point of similarity. In an orchestra if one of the instruments be out of tune or out of time the harmony of the musical feast is more or less seriously disturbed according to the prominence of the instrument involved. This is equally true of the great orchestra of the human organs. If the rhythm of any one of them is disturbed by any type of irritation so that its rhythmical function is interfered with the symphony of life is materially disturbed and sooner or later the music of health is transformed into the bodily discord known as disease. Please recall what I have just said concerning the transmission of white light through crooked and distorted glass; how it is broken up into rainbow hues, and does not appear to the observer as white light. And also recall the application of the illustration to the human body. All disorders, impulses and inspirations entering the unconscious man by way of the sympathetic nerve as pure and true and worthy as the source of all good can start them, are turned and distorted into their opposites by having to pass through disordered states of the sympathetic nerve. Both of these illustrations, that of the light and that of the orchestra, are perfectly true to life, and by the aid of one or both of them I hope you will be able to understand how important it is that my

entire organization should be kept in the most perfect order. Right here I have it in my heart to detain you longer and divulge for your benefit a long array of new truth concerning myself which has recently come into the world, which is in direct keeping with what I have already said to you. But my remarks are already long drawn out, and if I should once get started upon this subject I fear that you would weary of my story. At any rate, it would make my own remarks out of proportion to the modest speeches which have been made by my brother shapes, and I shall not abuse my present privilege by turning liberty into license. I must make my speech brief, as my other brothers have done, and consequently must leave the multitude of things unsaid which my heart is burning to tell you of. Perhaps we may meet again, and if I have said enough to awaken your interest in my history we certainly shall. For now that my importance as an agent for either health or disease, for life or for death, is being gradually recognized by the medical profession who have the well being of the world in their hands, I begin to hope that the embarrassment under which I have so far labored will be materially lessened and the influence which I wield in our family of forms will be more frequently made use of in righting matters when they go wrong in the composite man, to whom we all humbly bow as the one purpose for which we are all created. As the whole is greater than its parts, so the composite man is greater than any of us, and what is good for him is good for us. So we must wait our turn for audience, for appreciation, for attention. If any remark which I have dropped has aroused the curiosity of any of my audience to learn more of me, be sure that the knowledge now in the world is quite sufficient to give you much satisfaction and amply repay you for whatever investigation you may choose to make. I may be such a fool that I cannot reason or cannot tell the difference whether the involuntary muscular fibers which I supply are inclosing a substance which should be squeezed along the tube which contains it; or whether the distension to the involuntary fibers is due to a diseased state of the membrane which lines the tube. I may be fool enough to try to induce a throat to swallow itself when it is sore, a bladder to strain after all urine is passed and only an inflamed lining is stimulating the muscular coat to activity; I may be silly enough to strain at stool when there is no fecal matter in the rectum, but only a swollen mem-

brane; may show, indeed, a lack of intelligent discrimination in many of my acts. But you may rely upon one thing: I am faithful at my post from one end of life to the other, and am responsible for every type of bodily activity, and without my influence the rest of the composite man is perfectly helpless. Consequently when things are wrong in our family, whatever doctor takes us in charge would find it to his best interests to take me into his confidence and make use of my influence in the family counsels if he hopes to be successful in the practice of medicine.

Now, my dear friends, I am afraid that I have been so full of my own importance that I have dealt too much in vague generalities and not confined myself as much as perhaps I should to the plain, unvarnished description of my anatomy and physiology. As I think back over the remarks which I am just completing I do not remember having told you anything of my plexuses and the nature of my nerves, how they differ from those of the cerebro-spinal man, and I have not mentioned the fact that I supply the sexual system and all forms of erectile tissue, and—my! what a theme for consideration and how ignored, neglected, overlooked, more's the pity. But my time is up, so hands off for to-day. But I will say right here that the opportunity for addressing you seemed so brief, and the importance of what I had to say seemed to me so great, that I was just too full for utterance, and so probably have sort of overflowed my subject rather than attended strictly and methodically to business. I hope I have not done so to such an extent, however, that I have failed to furnish you with some slight compensation for your kind presence and attention.

You may think that from my remarks the last of our family of shapes has been heard from, and that your next entertainment will be furnished by the composite man himself. But let me correct you. We have three more brothers who are yet to be heard from. Two of them, our ghostly men, the conscious and the unconscious men, have been referred to, and you perhaps looked for their appearance; but the third one has not yet been mentioned in your presence, and will be the next one to address you. Let me call him the organic man. In him you will meet a shape that will appeal to you as belonging in part to the more pronounced physical forms who have already addressed you, and in part deserves to be classed with our ghostly brothers. But I shall offer no further words of intro-

duction for our organic brother, preferring to leave him to do his own talking. I would like to say this much, however, that if he comes anywhere near doing himself justice, what he has to say will be well worthy your attention. The organic man will be your next entertainer.

Asking your pardon for the undue length of my remarks, and for whatever in them may have seemed to you vague and indefinite, and hoping to have the privilege of meeting you again and having another opportunity to show you a better consideration and to do better justice to myself, I respectfully take leave of you for the present.

E. H. PRATT.

## CLIPPINGS AND COMMENTS.

C. A. WEIRICK, M.D.

CHICAGO.

97. How to stamp out tuberculosis. Now that Massachusetts has made such a grand record in reducing the death rate from tuberculosis by the observance of the law which prohibits expectorating in public places, would it not be well for every state in the Union to fall in line and pass the same kind of a law? Could this be done it would not be many years before we would have but few of such cases in our midst and this scourge of humanity would disappear in time. Then I would vote to introduce the Chinese system of supporting physicians. So that a doctor could feel that one of his greatest duties to a community was to see to it that everything detrimental to health was removed from among us, and that instruction be given in every sanitary measure that would tend to promote health. It would be then that a physician could be of the greatest value to the people and show his best skill and ability.

The above recommendations are made by C. C. Curtis, M.D., Vacaville, Cal., to the profession through this journal. When a measure has been tried to prevent disease and been found of value, it is worthy of continued use until something better takes its place. The truth of the old adage that necessity is the mother of invention will soon be subject to another test, for there is a growing aversion to taking tubercular patients into public places, and even into private places to board. Some method of stamping out the disease will soon become a necessity, for a very large majority of those afflicted with disease cannot afford to change climate and go to sanitariums intended only for tubercular cases.

We doubt the advisability of adopting the second suggestion in this country. Competition is a most excellent developer of doctors as well as of business men in commercial lines. The greatest incentive for the doctor to progress as far as he can is competition. He is not limited in his progress to class lines. Now we see some electioneering for offices in medical societies; but then we would see among doctors a political strife and wire-pulling that does not now exist. Doctors are doing a great work for humanity, and will continue to do such work, and those who do the most get along the best. The doctor who hustles for himself will make more progress and be more considerate of his fellowmen than the one who is supported by the government.

98. Mrs. W. E. H.; age 45; erysipelas of the face for three days following treatment for an ulcerated tooth. Had a six weeks' run of erysipelas several years ago. Left eye shut, right eye partly shut, face bluish red, much puffed



except lips and chin; temperature  $102\frac{1}{4}$ , pulse 108. Talking all the time to herself. Treatment, the Baunscheidt needles and oil to the spine, in four rows. The spine was then covered with wadding. Face was painted with forty per cent ichthyol and collodion; internal remedies, belladonna and bryonia. For the delirium hyoscine hydro-bromate, one one-hundredth of a grain. Painting of the face was repeated once or twice daily; in four days the patient was discharged, recovered. I have had several other cases of erysipelas in which the use of the German needles and oil has promptly stopped what promised to be a several weeks' run.

This report of a case of erysipelas was sent us by Dr. Cora Smith Eaton, of Minneapolis. It is clearly evident that the treatment was very effective, for, with the extent of surface involved, the temperature, pulse and cerebral symptoms, we believe that unaided nature would not have been able to overcome the trouble so quickly. The Baunscheidt treatment is not in common use in this country. Our personal observations of its use have been limited to one or two German patrons who had the needles and oil and who used them in rheumatic troubles, principally muscular, with satisfactory results to themselves. Mr. Mueller, of V. Mueller & Co., informed us that the price of the instrument or set of needles is \$1.25, the oil extra. The German name of the oil is Lebenswecker, meaning "awaken life." The other treatment we think was not a secondary factor in effecting such a rapid cure. Dr. Smith did not make it such, but just informed the readers of this journal what cured a severe case of erysipelas. Hypophosphite of soda, saturated solution, locally applied by means of cloth kept wet with it, we have found very useful. Of course, in addition to the solution internal remedies were used. We took charge of the following described case: Woman, aged 60, feeble; gangrene of end of finger with bone protruding, erysipelas covering remaining portion of finger and extending about an inch backward on the hand; pulse 140, temperature 103. Patient said the conditions were due to a felon. We gave a guarded prognosis and amputated the finger. Erysipelas continued to spread, and patient grew worse. In three days the entire hand and wrist were involved. The pulse was 160 and feeble, temperature 105. Then a local application of cranberries was made, and with their use improvement began and the patient recovered. The internal remedies used were arsen. alb. and verat. vir. The potency of the internal remedy has an influence. Erysipelas of a child began on lower extremities. Belladonna seemed to be the remedy indicated. It was given in third potency. The disease extended over the lower half of the child with no indications of stopping, and all constitutional indications growing alarmingly worse. Belladonna 30x was then given; the result was very marked improvement within twelve hours and a rapid recovery. The local applications were not changed.

The following case came under the observation of the writer: Woman with well-advanced malignant condition of one mammae;

had a severe attack of erysipelas, which was followed by very marked improvement both of the local condition of the breast and of the general condition. After several months, however, the disease again became active and ultimately caused the death of the patient.

99. A CURE FOR INFLAMMATION OF THE BREAST AFTER PARTURITION AND A PREVENTIVE OF MAMMARY ABSCESS.—We read of mammary abscesses and of the different remedies recommended for their cure, and also of poultices and other applications employed to relieve the pain and hasten suppuration. Every physician who has attended many cases of parturition knows of the pain and suffering that comes from mammary abscess and the joy and comfort that would come to his patient if he could only assure her that he would prevent the formation of an abscess and relieve her of inflammation and hardness in the breast in a few hours. It has been written by one of our great men: "If you have a good thing let the people know it." And if we physicians would tell each other of the good things we know of for relieving suffering more people would be saved from pain. It is a simple thing to mix equal parts of cream of tartar and lard together thoroughly and spread some on a piece of linen. Apply it to the diseased part of the breast. All inflammation and hardness will disappear in from twelve to forty-eight hours, depending on the severity of the case. This is not original with me, as I learned it of an old nurse, but it is such a good thing that I thought I would let the physicians know it.

CHAS. C. CURTIS.

Vacaville, Cal.

There is nothing much more depressing to a woman than to go through gestation and parturition and then be compelled to suffer from an acute complication during the post partum period. Perhaps one of the most annoying is mastitis, for it is not only very painful and sometimes of long duration, but if suppuration occurs it predisposes to other attacks at subsequent confinements. In our hands the internal remedies and local measures recommended in the books have failed. They have failed when used by many other physicians. Hence we are much pleased to receive the above in response to the request recently made in this journal for practical and tested measures for meeting many of the ills of the body which too often cause prolonged suffering and result in a humiliating failure to the physician. For surely it must be humiliating to the doctor who can remove a fibroid tumor or cure typhoid fever or diphtheria and yet fail to prevent suppurative mastitis which is liable to result in permanent injury to the mammary gland and possibly predispose it to the development of a malignant condition. When suppuration has taken place, when there is unmistakable evidence of the presence of pus, there is but one right course to follow, and that is to evacuate it by a sufficiently large incision. That don't mean one of those little cowardly punctures with an opening only large enough for a small sinus and through which the pus can not freely escape, but is liable to burrow and make an effort to reach the surface at some other point. An incision large enough to permit the pus to escape freely is the kind to make. It is not right to let the patient suffer from pain, fever and profuse perspira-

tion for three or four days waiting for nature to evacuate the pus when the duration of suffering may be so greatly shortened by judicious use of the knife. But it is the knowledge of means that will prevent the necessity of surgical measures, not only in mastitis but in many other ailments, that is desired. Dr. Curtis has a "good thing" for mastitis, and tells the profession what it is. He has proven its efficacy. It is simple, easily applied, and his experience has convinced him that it is effective. That is far better than a high-sounding, complex scientific theory that when carried out in practice don't do the work. We have tried strapping the mammæ, the highly lauded phytolacca and other measures advised by authors of various books, and have had success and failures with them. We learned to regard them as uncertain in obtaining good results. Like Dr. Curtis, we learned from an old nurse a treatment which she said she had often tried without failure. We have seen it thoroughly tested in cases of mastitis who, after one or more previous parturitions, had mammary abscess, and in those having the first attack, but we have never seen it fail. The treatment is as follows: Mutton tallow, hog lard, and beeswax mixed in such proportions that it may be easily spread. Put a thin layer on brown paper and apply over entire mamma. Reapply every twelve hours, and use breast pump.

100. The Medical Times says the presence of pus in urine may be detected by the addition to it of a few drops of peroxide of hydrogen. If pus be present bubbles will rise and froth appear.

101. Dr. Richards in the Eclectic Medical Gleaner reports a case of morphine poisoning in which the principal remedy used in the treatment was permanganate of potash,  $\frac{1}{2}$  gr. used hypodermically. When first seen by him the patient was profoundly under the influence of the narcotic; in half an hour she could speak and swallow, in two hours she was well enough to do without his personal attention. The doctor cured a case poisoned by the bite of a copperhead snake with the same remedy; he also prescribes it for bad-smelling feet.

102. The Medical Seminary publishes an article which advises that the oil of cajuput be used to reduce hernia; one drop on sugar is given every five minutes for a few doses. It stimulates the muscular fiber of the intestines and in that way, so the writer of the article claims, will be all that is required to cure a large percentage of cases. Shoemaker says that this remedy physiologically acts as a rubefacient, antispasmodic and antiseptic, and that when given internally it is carminative, diaphoretic, and diuretic.

# JOURNAL OF ORIFICIAL SURGERY. CHICAGO.

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## CLINICAL CASES—CONTINUED.

### PUERPERAL FEVER CURED—COOK COUNTY HOSPITAL CASE.

#### GENTLEMEN:

It is a rare privilege to present to you the case to which I now desire to call your attention. Such cases fortunately are comparatively rare, and when they do occur are not so frequently found in hospitals as in private practice, where poor sanitation and a lack of cleanliness, and many times lack of proper attention also, are more apt to prevail.

This is a case of puerperal fever, right at its height, where bodily tissues are being consumed at a frightful rate and where death is morally certain to occur within a very few hours unless herculean efforts are brought to the patient's relief. Her temperature is 106, her respirations are between 30 and 40, her pulse varies from 140 to 160. She is confused in the mind, restless, and thirsty. She has some caking in both breasts, her bowels are tympanitic and tender, and diarrhœa has set in. Her baby would be two weeks old if it had lived. She has had two or three severe chills recently, and altogether presents a most desperate and dilapidated physical condition. Through her pinched, anxious expression of face there are glimpses of deep determination, which bespeak a strong character. Indeed, only a strong nature could get up such a battle of life as she is at the present time waging. Weak ones would succumb easier and earlier. High fevers, severe and violent attacks of acute troubles of any kind are meted out to the strong, as only those who have great fighting qualities are capable of waging great battles, weaker subjects succumbing with less effort.

Now the question is what shall be done with this typical case of puerperal fever. In the light of modern pathology her condition finds its true explanation in infection. Bacteria are, in all human probability, responsible for all cases of puerperal fever, and the mischief is accomplished by means of the toxins which they eliminate. There are but few forms of bacteria that are capable of producing such mischief, and in all probability it is one of two, the streptococcus pyogenes or the staphylococcus pyogenes aureus, the chances being greatly in favor of the latter. The infection was undoubtedly accomplished by the contact of bacteria with some local lesion, some place where skin or mucous membrane, upon which the system relies for protection against the infection of bacteria, has been torn or abraded. If the spot where the infection took place can be located it is important that it be subjected to such thorough cleansing and antiseptic measures as can be relied upon to destroy all colonies that may be located in its neighborhood. As this was a confinement case the most likely point of traumatism, where infection probably took place, will be found somewhere in the vagina or uterus. The thing to do, therefore, is to place her in the lithotomy position and give the parts a careful examination and thorough cleansing with the view of stopping further infection, and then do what we can by remedies and other local measures to aid the system to eliminate the toxins already circulating in the blood. While she is in the lithotomy position it will be well to note the other points of interest to an orificialist, that is, the condition of the clitoris and rectum as well as that of the sexual system, which latter, of course, it is our special duty to care for at the present time. Let me caution you right here, however, that while it is all right in a case like the present to loosen the hood of the clitoris if adhered and to merely dilate the rectum, it is not advisable to do cutting at these places to any extent, or to make any wounds whatever other than what are absolutely necessary to the proper handling of the case; for in this acute condition of course she is more susceptible than ever to infection, and you would simply by cutting either the rectum or hood of the clitoris furnish her with more abraded spots than she now has, where the irritation which is sure to occur while she is suffering from such a raging fever will invite additional poison. But the vagina must be thoroughly cleansed and all abraded spots cauterized, and the cavity of the uterus must be care-

fully cleaned out and treated not only aseptically but antiseptically. If the perineum or cervix be lacerated shall we repair the damage at the present time? By no means. If she has wounds they should be by all means kept open for purposes of vent. Indeed, if she had had lacerated perineum at the time of the birth and it had been closed by the surgeon in attendance it would be very proper to lay the wound open. In fact any recent wound that has been closed either by the surgeon or by nature should be freely opened to the full extent of the original tear, as the point of infection is more liable than otherwise to be at the very bottom of the original wound. So that if you find upon examination a torn cervix or perineum you should simply treat it with cleanliness and the application of appropriate antiseptic remedies and treat it as an open sore, reserving the repair for a subsequent occasion.

Now comes a very important question. Shall we anesthetize her? Unquestionably the woman would submit to the cleansing out of the vagina and uterine cavity without an anesthetic. But she is morbidly sensitive, and the additional shock and suffering which such a proceeding would entail upon her would add greatly to her physical burdens, which under the present circumstances seem about all she is able to bear. Some practitioners of medicine might hesitate to employ an anesthetic in one so seriously and acutely ill. The heart's action is very feeble, somewhat irregular, and going at such a trip-hammer rate as to be counted at the wrist only with difficulty. The fear of an anesthetic in such conditions comes mostly from inexperience with its action in desperate cases. Of course it must be handled with care. At the same time it acts on acute troubles very much as night does upon a battle or as water upon a fire. Most of the fever in inflammatory diseases is caused by apprehensions and antagonisms residing in the consciousness; that is to say, the cerebro-spinal system is responsible in a great measure for fevers or inflammations, be their excuse toxins or other poisons known or unknown. Now the anesthetic puts an immediate quietus upon the sensibility of the cerebro-spinal system, and as acute conditions are a hot battle between two opposing forces if one of the forces is called off the progress of the battle is interfered with. As a consequence the employment of an anesthetic in desperate struggles between life and death, when all the bodily tissues are being rapidly consumed, has a temporary effect

to modify the severity of all the symptoms and postpone the impending crisis. You need not hesitate therefore to use an anesthetic in acute and desperate cases. Its final effect may be a subject for discussion, but its temporary action is salutary, and as time is an important factor in all acute cases, the postponing of the heat of the engagement for a few hours, or days, as the case may be, may be sufficient to secure the victory of life over death. I do not feel sufficiently fortified in this position to recommend the employment of an anesthetic as a remedy in acute troubles under ordinary circumstances. I am prepared simply to say that where its employment is desirable for surgical purposes the fact that the patient is in a severe struggle with some acute affection is by no means a counter-indication for its employment, but on the other hand, its employment is all the more desirable because of the hyperesthetic condition of the patient, this condition favoring shock. In other words, the employment of an anesthetic is less harmful in an acute condition than the shock involved in any severe form of surgical procedure; and I cannot tell certainly that the employment of the anesthetic itself is not of decided benefit even in nonsurgical cases, only having never employed it with simply this end in view it is scarcely fair to make for it so radical a claim, as whenever it has been employed in acute conditions under my observation it has been for surgical purposes and the beneficial results which have accrued in all probability were at least partly due, it is to be hoped, to the surgical measures employed.

So the patient will be anesthetized, the anesthetic being chloroform. This drug is chosen in spite of the fact that her heart's action is a little feeble and irregular, because the caking of her breasts and a slight cough point to the possibility of lung complications, which might be precipitated by the employment of ether, and of all things that we hope to escape it will be a pneumonia or acute bronchitis superadded to her puerperal struggles. Now that she is anesthetized and secured in the lithotomy position the first thing needed is an abundance of green soap and water. This we will apply thoroughly not only to the pudenda and the vagina, but also by means of a double douche tube to the endometrium. In performing the toilet of the uterine cavity the first step here as well as in the vagina will be to wash away all loosened fragments of decomposition, and there is no more practical application for cleansing purposes than

old-fashioned soap and water. After this will come on the external parts, first a thorough application of sulphuric ether, to be followed by a bath of alcohol, after which will be applied a two and a half per cent solution of carbolic acid, this solution being carried also into the vagina and body of the uterus. Having thus prepared our field of operation for further inspection we examine first the condition of the clitoris. This we find to be slightly adherent, and with the aid of a spud it is easily relieved, thus liberating the terminal nerve fibers at this point from impingement which they have unfortunately sustained for many years, and which may have something to do with the lowered vitality which in this case has invited infection. Our next attention will be given to the vagina, searching it carefully throughout its extent for all spots of laceration or abrasion. Wherever these are encountered they will be cauterized with 95 per cent carbolic acid. In the present case there seems to be no injury to the vagina, although there has been a laceration of the cervix, the cervix itself being considerably swollen and inflamed. The uterine cavity measures four inches, which is not excessive considering that it is but two weeks since confinement. A uterus that is contracted to a four-inch diameter at the end of two weeks is not in a serious state of subinvolution by any means.

We now come to the exploration of the uterine cavity itself. And here I must advise you that there is a legitimate excuse for a difference of professional opinion. Many operators prefer to enter the uterine cavity with a curette, some preferring a sharp one, while others advocate a dull one; many speak favorably of the large screw that has been invented for cleaning out the debris following miscarriage or confinement. Personally I have had no experience with this latter instrument, and only speak favorably of it upon the authority of reliable friends who have used it and think well of it. My personal preference is to eschew the use of either screw or curette in a uterine cavity so recently emptied. There are such things as lacerations of the fibers of the body of the uterus during confinement. There is such a thing as a softening of the tissue from inflammatory processes, and instrumental interference within the endometrium could very reasonably be expected in perhaps exceptional cases to penetrate the uterine tissue or at least to do violence to its muscular walls in a very undesirable manner. The measure which has always served me so well that I have never yet had occasion to abandon it



or change it for another has been a careful swabbing out of the uterine cavity by means of a long strip of gauze introduced until the cavity is well filled although not solidly packed. Uterine dressing forceps then secure the lower end of the gauze, and while they are made to twist the gauze into a long rope a stream of bichloride solution 1-5000 is introduced by the side of the gauze, thus turning the rope into a uterine mop, by means of which the whole cavity is most thoroughly swabbed. Another way of accomplishing this same purpose is to secure a large wad of cotton on the end of a uterine sound and employ this as a swab. Several applications are to be made. Indeed they are to be kept up so long as shreds of afterbirth and fragments of decomposed tissue can be discovered upon the gauze or cotton as it is withdrawn from the uterine cavity. This, therefore, is the process which we have been employing while speaking of its merits. Perhaps you noticed when we first entered the uterine cavity we were treated to a very profuse hemorrhage. Instead of being discouraged by the loss of blood the fact of its occurrence all the more indicated immediate interference and a thorough swabbing out of the endometrium, the hemorrhage being due probably to little fragments of afterbirth which were partially detached and partially adherent. The swabbing removes these fragments and permits the uterine tissues to contract and thus check the hemorrhage. You can see, now that the swabbing of the uterine cavity has been accomplished, that the hemorrhage of the uterus is already checked, thus illustrating the fact which I have just stated, that cleansing the uterine cavity is a hemostatic in post-partum cases. Of course if the hemorrhage was due to a laceration of the cervix it would not be so effective. But the laceration in the present case is two weeks old and the hemorrhage which we encountered unquestionably came from the endometrium. And it is in cases where the hemorrhage is unquestionably intra-uterine that the cleaning out of the cavity serves as a hemostatic.

Now that the endometrium has been thoroughly swabbed, we will ask for a double douche tube and employ a stream of bichloride solution 1-5000, and at a temperature of 110 degrees Fahrenheit. The anesthetic can now be stopped, and we will continue the douche for a period of at least five minutes. Now that this has been accomplished, we will cauterize first the laceration of the cervix with 95 per cent carbolic acid, then dust the vagina with iodoform, as noso-

phen is not employed in Cook County Hospital, and close our present seance with the patient by the use of the rectal speculum.

Although she has hemorrhoids and other troubles, which perhaps a careful inspection would disclose, this is not the proper time for giving them the attention of which they stand in need. All that is desirable on the present occasion is rectal dilatation. This to flush the capillaries universally and thus take the pressure from the heart and steady its action, helping to allay in this manner the consternation of the body and render it better able to defend itself against the infection of the poisons which are seeking its life.

And now as to subsequent treatment. There is a question whether or not the caking of the breasts has proceeded to the point of suppuration. It is not possible at the present time to determine this point, as there seem to be no points of softening or suppuration, and so we will give the patient the benefit of the doubt and put her to bed and wait in hopes that the treatment of the uterus will subdue the mastitis. She is suffering from cracked nipples, and we can be sure of one thing at least, that the cleansing of the uterine cavity will rid her of this annoyance in all probability inside of forty-eight hours. As we desire now to secure uterine contraction, let us prescribe a hypodermic of twenty drops of the fluid extract of ergot, in two doses, an hour apart. In addition to this we will employ the osteopathic suggestion of seizing the pudenda in a firm grip and squeezing it steadily for about five minutes. On account of her rapid pulse she will receive drop doses of the mother tincture of *veratrum viride*, perhaps once an hour, until the heart beat is perceptibly lower, after which she will be placed upon *arsenicum 3x*, taken once in two hours. In addition to this let us order for her fomentations over the abdomen, to be kept up for fifteen minutes, the cloths to be changed frequently during this time, and the temperature of the water being as high as 112 or 115 degrees. At the end of ten or fifteen minutes the fomentations are to be discontinued and cloths wrung out of ice water are to be placed over the abdomen. This is to remain unmolested for two hours, after which the fomentations are to be resumed again for fifteen minutes, these to be followed again by the iced cloths for another two-hour period. This employment of fomentations and iced cloths can be kept up continually night and day. In addition to this we will order an intra-uterine douche of bichloride solution of 1-5000 three

times a day, the temperature of the solution to be 110 degrees. After forty-eight hours the injection is to be used twice a day for forty-eight hours, and then once a day until further orders.

#### TWO WEEKS LATER.

The first case which we desire to present for your consideration, gentlemen, is the puerperal fever case which appeared before you two weeks ago. The treatment prescribed at that time has been followed out strictly. For two or three days the case remained in a critical condition, but gradually convalesced until for a time she seemed to be practically out of her troubles. The cracked nipples disappeared, the pulse and temperature were reduced, but although the soreness in the breasts for a short time seemed to improve, later on in the right one it returned, and massage and applications of various kinds were employed, but failed to disperse it. Yesterday she was taken with a severe chill, and appears before you to-day once more in a critical condition. Her temperature is again high and her pulse rapid, and she is breathing hurriedly and irregularly, and also coughing considerably. The caking in the left breast has disappeared, but in the right the hardening has increased until now it is quite evident that it contains a well defined abscess.

So once more we will place her under an anesthetic, and by ridding her of her breast trouble we yet hope to bring the case to a successful issue. We are glad to report that the peritonitis has subsided and the pelvic and abdominal organs are now in a satisfactory convalescence, and we are satisfied that her sole trouble now is the breast abscess. With proper attention it is no more than fair to claim that abscess of the breast is invariably an avoidable trouble. I will not take your time on the present occasion to enter minutely into the measures necessary to reduce caking and threatened abscess of the breasts, as this subject will be amply covered by the obstetrical chair in the college. I will simply say that as a résumé of what will probably be offered for your consideration that the treatment will involve perhaps a cleaning of the uterine cavity to begin with, a deep massage, strapping, fomentations, various medicated applications, camphor, phytolacca, cream of tartar and lard, and other remedies indicated, all having their peculiarities of usefulness. The present case, however, had gotten too far under way for palliative treatment, and hence we are called once more to

employ surgical measures for a trouble which could have been avoided had it received earlier attention.

Now in opening an abscess of the breast it is important that all cuts be made in the direction of lines extending outward from the nipple. This in order to avoid severing any of the milk ducts that may not have been disintegrated by the inflammatory processes. Indeed, the milk ducts are the firmer parts of the breast and the last to be broken down by inflammatory processes, the destruction first taking place in the tissue between the ducts, so that if a breast abscess be opened in the earlier part of its history it is possible to escape serious injury to the milk ducts, and as a result there will be no permanent damage sustained by the patient. It is well to have two openings, and that these be sufficiently extensive to permit the introduction of packing.

Now that we have evacuated the pus and cleansed out the cavity and packed it with iodoform gauze, we will return the patient to the ward, hoping that this is the last surgical seance that she will require to aid her to a satisfactory convalescence.

P.S.—It may be interesting to those who have followed this case of puerperal fever to note that the pus from the breast abscess was microscopically examined and found to be *staphylococcus pyogenes aureus* as predicted, and also to note that the case passed on to a speedy and satisfactory convalescence, being discharged from the hospital as cured in a comparatively short space of time.

Puerperal fever is so formidable a complaint that it seemed wise to present the present case rather exhaustively in preference to enumerating a larger number of less important cases. The knowledge of official principles and the action of pelvic work upon the circulation of the blood had much to do in directing the handling of the case which is described, and we feel it is somewhat responsible for the successful issue. The abdominal compresses and fomentations employed regularly as described were kept up for nearly a week, and then discontinued. No facts of consequence have been suppressed, as it was deemed but fair to the readers of the JOURNAL to present all details of consequence, inasmuch as it is not possible to give too careful and thorough consideration to puerperal cases. There is no more formidable or distressing malady encountered by the practitioner of medicine than a case of puerperal fever, and the ability to successfully cope with this formidable malady is desirable.

on the part of every physician who assumes the responsibility of caring for confinement cases. Fortunately it is a comparatively rare occurrence, but when it does come it calls for speedy recognition and prompt action. The case in question came late, almost too late, being within a few hours of death's door to all appearances at the time of her entrance to the hospital. Had the measures which worked so successfully in her case been employed earlier the battle need not have been so close. But all is well that ends well.

E. H. PRATT.

## THE OVIDUCT.\*

### ANATOMY AND PHYSIOLOGY.

BYRON ROBINSON, B.S., M.D.

CHICAGO.

I. *Anatomy.* (Synonyms: Tuba Uterina, Tuba Fallopii, Cornua Uteri, Meatus Seminarius, Eileiter, Muttertrompete.)

The oviduct is a paired organ. It extends from the proximal lateral portion of the uterus to the lateral pelvic wall. Its proximal end is associated with the ovary, while its distal end penetrates and is continuous with the proximal end of the uterus. The oviduct is the non-coalesced proximal third of Muller's duct. It is an integral part of the uterus.

Its proximal, abdominal or fimbriated end, the end nearest the head (brain), is associated with the ovary.

Its distal or uterine end, the end farthest from the head, is that associated with the horn of the uterus. The oviduct is a membranous cylindrical tube, which assumes practically a transverse course. Its distal or median end, *extremitas uterina*, begins posterior and proximal to the origin of the ligamentum teres. Its proximal or ovarian or lateral end, *extremitas abdominalis*, is located adjacent to the ovary. From uterine to abdominal end it passes between the blades of the broad ligament, which again comes in contact distal to the oviduct, forming the mesosalpinx. The portion of the oviduct adjacent to the uterus, the isthmus (distal third), courses straight, while the proximal end, the ampulla (proximal two-thirds), has a sinuous or convoluted course. The form and length of the ampullar convolutions lend various positions to this segment

\* Dr. Robinson has promised us a series of articles which will make a complete monograph on the anatomy and physiology of the oviduct.

of the oviduct. The size of the oviduct increases from distal (uterine) to proximal (abdominal) end. The increase in size of the oviduct begins suddenly at the distal end of the ampulla, or at the

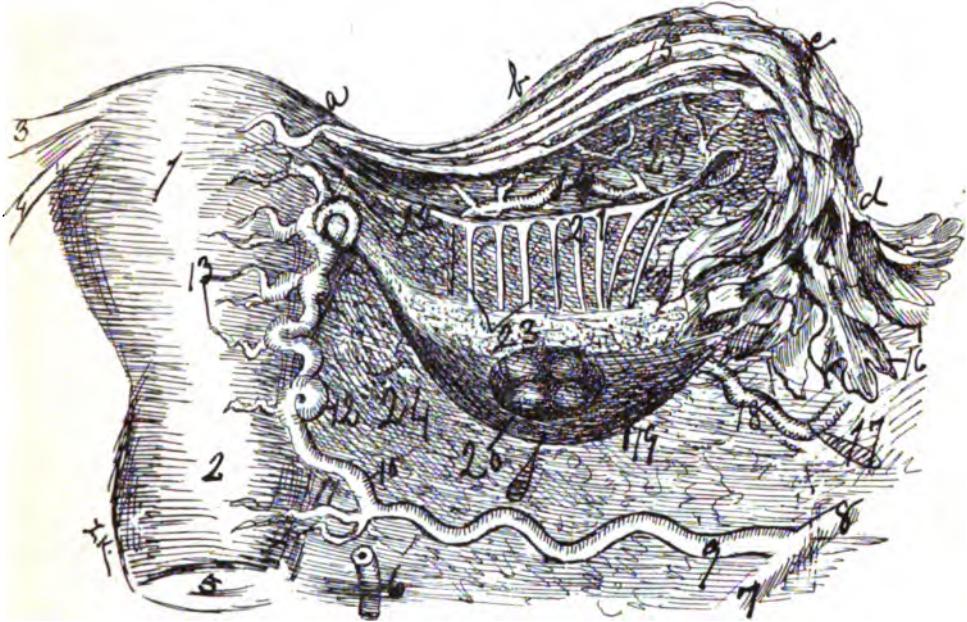


FIG. 1.—(Author.)

A POSTERIOR VIEW OF THE INTERNAL GENITALS, WITH THE OVIDUCT LAID OPEN AND THE POSTERIOR BLADE OF THE LIGAMENTUM LATUM REMOVED.

1. Uterine body. 2. Cervix. 3. Left oviduct. 4. Left round ligament. 5. Os uteri. 6. Ureter. 7, 8. Internal iliac. 9. Uterine artery. 10. Uterine artery as it begins to pass along the border of the uterus in a spiral state. 11. The branch which passes to the cervix. 12. The first spiral curves of the uterine artery. 13. The horizontal uterine arteries. 14. The ovarian artery as it passes in the mesosalpinx and proximal to the ovary. 15. The longitudinal oviducal folds of the endosalpinx. 16. The fimbriae of the pavilion. 17. The hook which is pulling the ovarian artery distalward. 18. The ovarian artery. 19. The ovary. 20. Ova. 21, 22. Gartner's duct (the ureter of the mesonephros). 23. The vertical tubes of the perovarium. 24. The mesometrium. 25. The mesosalpinx.

A to B is the horizontal segment of the oviduct. B to C is the ascending segment. C to D is the descending segment.

This figure is drawn from our own specimen removed in operation. The relations are natural. Observe how close the artery hugs the uterus and its location at the cervix. When the cervix is drawn through the vagina by traction forceps the artery appears higher. This is a multiparous symmetrical uterus and the oviduct is in natural position. Observe the richness of its endosalpingeal folds. The tortuous segment of the utero-ovarian vascular circle is well represented.

proximal end of the straight oviduct (isthmus); in other words, at the junction of the straight and convoluted segments sudden dilatation assumes. The straight, distal one-third of the oviduct was called the isthmus by Barkow in 1851. The convoluted proximal two-thirds of the oviduct was named ampulla by Jacob Henle in

1863. The ampulla is perhaps three times the size of the isthmus. The size of the oviduct is in direct accord with its capacity for dilatation. The larger the lumen (the ampulla) the easier it dilates, and the narrower its lumen (the isthmus) the more difficult to dilate, on account of the amount of muscle in its walls. The thicker

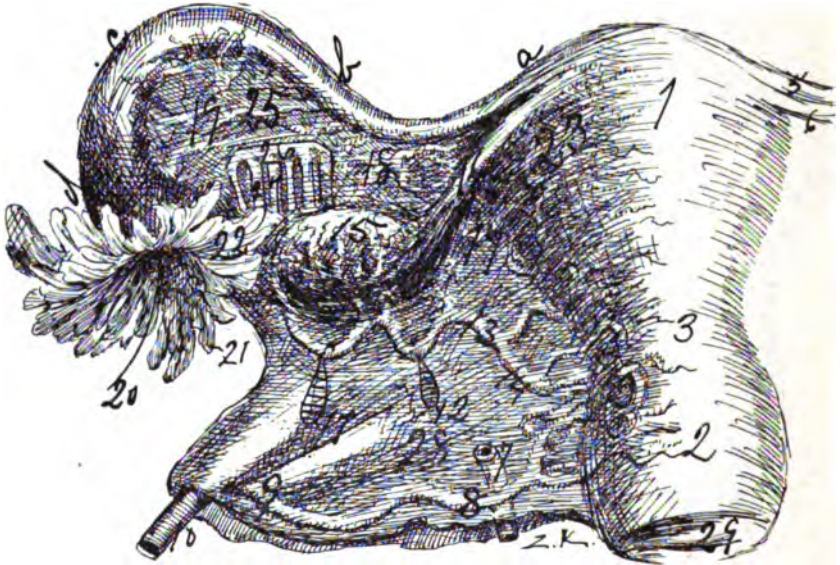


FIG. 2.—(Author.)

**POSTERIOR VIEW OF THE INTERNAL GENITALS, WITH THE LEFT LIGAMENTUM LATUM INTACT.**

The artery of the proximal part of the uterus and mesosalpinx is dimly represented in outline shimmering through the posterior blade of the broad ligament. The real artery is drawn distalward by hooks.

1. Fundus. 2. Cervix. 3. Os internum (neck). 5. Right oviduct. 6. Right round ligament. 7. Ureter. 8. Uterine artery (the crossing of ureter and uterine artery, the most important topographical landmark in the pelvis). 9. Uterine artery shimmering through the posterior blade of the broad ligament. 10. Round ligament. 11 and 12. Hooks forcing the ovarian artery distalward. 13. The artery drawn from its position, which is represented by 17, 18 and 19. 15. Ovary. 16. Round ligament. 20. Bristle placed in abdominal orifice of oviduct. 21. Fimbriae of pavilion. 22. Fimbria ovarica. 23. Shows the old bed of the uterine artery along the uterine border. 25. Mesosalpinx (bounded by oviduct, fimbria ovarica, ovary and ovarian ligament). 26. Gartner's duct. 27. Vertical tubules of the parovarium (mesonephros). 28. Mesometrium. 29. Os uteri externum.

This figure is drawn from author's specimen secured by operation.

The natural position of the oviduct in each segment is represented, as A to B is the horizontal segment. B to C is the ascending segment. C to D is the descending segment.

The spiral segment of the utero-ovarian vascular circle is well shown in this cut.

the muscularis (the isthmus) the narrower the lumen, and the thinner the muscularis (the ampulla) the larger the lumen.

The oviduct possesses a remarkable distensibility (dilatability), so that in disease, when closed at the intra abdominal (proximal) and the uterine (distal) ends, hydrosalpinx (serum), pyosalpinx



(pus), hæmatosalpinx (blood), or, in short, sacto-salpinx, may produce a cyst the size of a child's head. The length of the oviduct may increase double and the diameters increase ten times.

If the oviduct be severed transversely at any point, especially in the isthmus, the incised end will scarcely be visible. This is due to the circular muscles vigorously contracting and closing over the

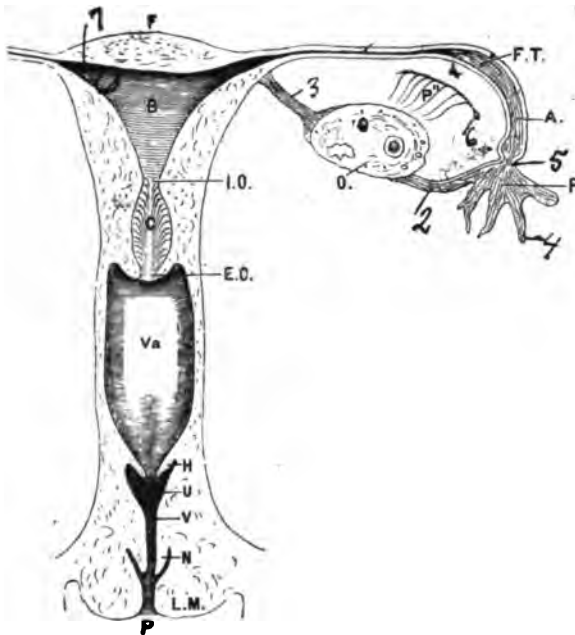


FIG. 3.—(Henle modified by Symington, 1896.)

DIAGRAM OF FEMALE GENITALS.

O. Ovary. P', Parovarium. O', Ovarian ligament. 1. Isthmus. 2. Fimbria ovarica. 4. Fimbriae. P'. Pavilion. 5. Ostium abdominale. 6. Fimbriae. A'. Ampulla oviductus. F.T. Isthmus oviductus. 7. Ostium uterinum. F. Fundus uteri. B'. Cavum uteri. I.O. Os internum. C. Cavity of cervix. E.O. Os externum. Va. Vagina. H. Hymen. U. Urethra. V. Vestibulum vaginae. N. Labium minus. L.M. Labium majus. P. Pudendal or vulval cleft. U to P constitutes the uro-genital space. The ostium uterinum may be noted between the circular ring and the distal end of the intramural segment of the oviduct (on the left). F.T. Ampulla (receptaculum seminis).

severed end. The oviduct has the form of a conical tube, the base (proximal end) of which is quite free and directed toward the ovary, while its apex (distal end) is attached to the horn of the uterus, from which it appears to originate. Fallopius (1523-1562), an Italian anatomist, from whom came the first accurate description, compared the form of the oviduct to that of a horn or trumpet.

The oviduct begins at the junction of the superior and lateral



borders of the uterus as a small, firm, round cord, and passes transversely laterally, widening as it proceeds until its proximal extremity is attained, then suddenly constricts by a sphincter, after which it opens like a spread umbrella, bell or corolla. The junction of the horn of the uterus with the distal end of the oviduct is known as the point of origin of the ligamentum teres.

The differentiation of the oviduct into isthmus and ampulla is based on the variation of the caliber, shape and course. Chiefly referring to the structure of the oviducal wall, the isthmus, regarded from its limited endosalpinx and large myosalpinx has the char-

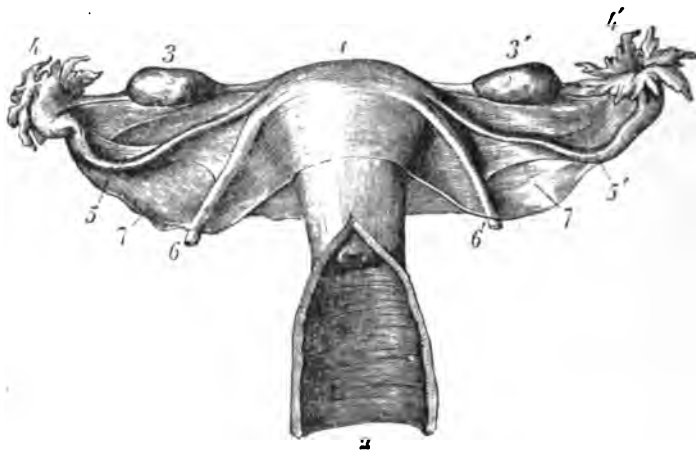


FIG. 4.—(Vernier 1883.)

A DIAGRAM OF THE ANTERIOR RELATIONS OF OVIDUCTS, OVARIES, AND UTERUS.

1. Uterus. 2. Vagina. 3, 3'. Ovaries. 4, 4'. Pavillion of oviducts. 5, 5'. Oviducts. 6, 6'. Round ligaments. 7, 7'. Ligamenta lata. One can well observe here the mesometrium, the mesosalpinx and mesovarium, the three segments of the ligamentum latum.

acter of a muscular duct. The ampulla, regarded from its immense endosalpinx and limited myosalpinx, has the character of a physiologic apparatus (receptaculum seminis) as well as a muscular duct. It is the location of conception, the receptaculum seminis, the jeopardizing place of oviducal gestation and the situation of oviducal fluid distension (sacto-salpinx) and colic.

The oviducal infundibulum is of significant importance, as it is the only organ within the peritoneum, or the greatest of lymph spaces; it is the unique junction of serosa and mucosa (muco-peritoneal line); it is the location of frequent disease and the organ whose special office is to receive and transport the ova.

The oviduct opens distally into the uterus and proximally into the peritoneum. In connecting the cavum uteri and cavum peritonei, the signification of the oviduct is at once apparent in the distribution of infective diseases. In other words, the peritoneum, or the greatest of lymph sacs, has a direct, open communication with the external surface of the body. There are no valves in the oviduct, and hence peritoneal fluids are guarded from passing through by the sphincters at the proximal and distal ends.

The fimbria ovarica, or oviducto-ovarian ligament, a muco-muscular band, is of vast importance in reproduction, as its office is

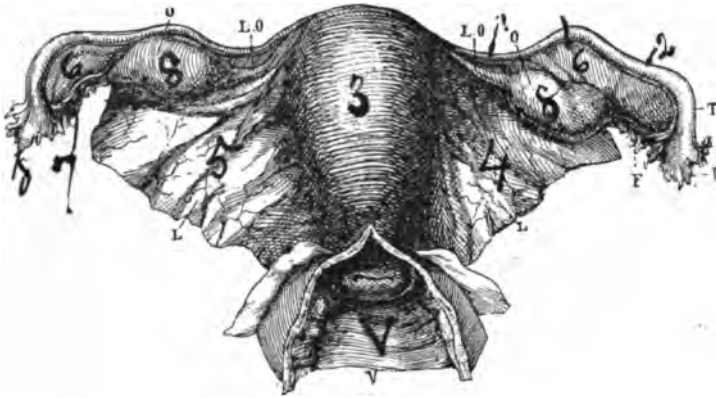


FIG. 3. — (De Smet, 1884.)

A DIAGRAM OF THE OVARIES AND THEIR APPENDAGES, THE OVIDUCTS AND UTERUS, POSTERIOR VIEW.

8, 8. Ovaries, the central essential sexual organs of woman. 3. Uterus. 1 and 2. Oviducts. L.O. Ligamentum ovarii. F and 7. Fimbria ovarica. F. Fimbriae. V. Vagina. 6, 6. Mesosalpinx. 4 and 5. Mesometrium, while the mesovarium is not visible. Ovaries and oviducts displaced in order to observe structures.

to draw the pavilion over the ovarian surface so that the infundibulum may secure and transmit the ova. The fimbria ovarica is a remnant of a large structure. In higher mammals (as man, monkey, bovine and soliped) the fimbria ovarica displaces the office of the ovarian peritoneal pouch in the lower mammals. It is an indication of higher and more complex organism, because it secures single young at births rather than multiple. It is the duct for the ovarian gland. It is an appendage of the ovary. Gradually from fish to man the oviduct becomes more and more detached from the ovary, followed by diminished young at birth, limiting reproduction and economizing energy.

The cone or funnel shape is characteristic of the oviduct in mammals, facilitating reception and transportation of ova. The oviduct is directly connected with the uterus by its lumen and wall, but is only connected to the ovary by means of the peritoneum. The oviduct floats in the lesser pelvis. It is in contact anteriorly by the lateral bladder wall and posteriorly by loops of the tractus intestinalis occupying the excavatio recto-uterina. With distended uterus and elevated oviducts, the left will border the sigmoid and the right the cœcum.

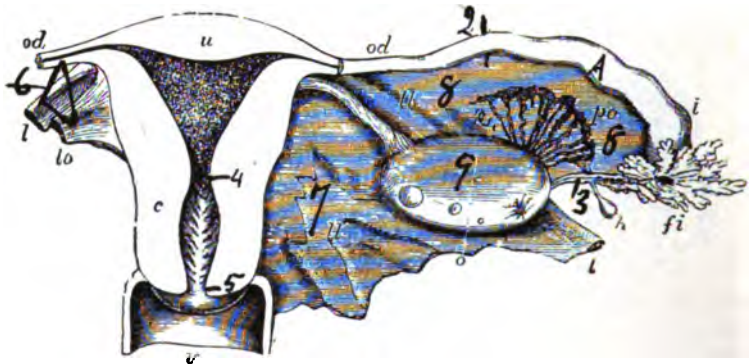


FIG. 6.—(Allan Thompson, 1896.)

A DIAGRAMMATIC VIEW OF THE POSTERIOR SURFACE OF INTERNAL GENITALS.

The uterus and upper part of the vagina have been laid open by removing the posterior walls.

On the left side the oviduct ligamentum teres and ligamentum ovarii have been severed close to the uterus. The lateral triangle (θ). od, l and lo are added to the figure to mark the lateral uterine triangle. u. The fundus of the uterus. 4. Internal os. 5. External os. v. Vagina. c. Cervical wall. od to 2. Isthmus of oviduct. 2 to i. Ampulla (A). l Ligamentum teres (round ligament). lo. Ovarian ligament. The ovary is here represented with the axis horizontal, although in the normal woman the ovarian axis is oblique or nearly vertical. A and i. Ampulla. fi. Fimbriated extremity of oviduct. po. Parovarian. h. One of Kobelt's ducts. 3. Fimbria ovarica. 7. Mesometrium. 8, 8. Mesosalpinx; the mesovarium is not visible.

The cavum uteri is triangular, while the cavum cervicis is spindle-shaped, and it possesses irregular folds called arbor vitæ.

The external oviducal surface is a pale gray, with a proximal portion of rosy red, and toward the middle it is yellowish. The oviduct may be represented as possessing an abdominal and uterine sphincter. The oviduct differs from the ducts of all other glands in the body in being detached from the organ whose products or secretion it transports. The oviduct is an integral part of the uterus. It has a common canalization with the uterus, vagina, and peritoneum. The point of departure of the oviduct from the uterus lies half an inch proximal to the departure of the ligamentum teres on the anterior uterine surface and the ligamentum ovarii on the

posterior uterine surface. The departure from the uterus of the three structures, oviduct, ligamentum teres, and ligamentum ovarii, constitutes what I shall term the lateral uterine triangle.

In nullipara the oviduct passes into the plane of the fundus. In multipara the plane of the oviduct projects above that of the fundus.

The oviduct may be divided for convenience of description into (a) anatomic, (b) surgical, and (c) positional segments, while its walls may be practically divided into four tunics.

(To be continued.)

## A FEW CASES FROM A SURGEON'S SCRAPBOOK.

A. B. GRANT, M.D.

ALBION, MICH.



Case 1—Roscoe J., aged 14, a bright lad intellectually, but dwarfed physically; small bones and flabby muscles, but from strong, vigorous ancestors. Had to drop out of school because of physical exhaustion, rapid and irregular heart's action, poor appetite, colicky bowels and malnutrition. Has been treated by several physicians for divers diseases, especially "heart disease" and "nervous prostration." Came into my care the fall of 1889, soon after my return from Dr. Pratt's special course in orificial surgery. I was not many minutes in finding an adhered foreskin, and of course circumcised him. He returned to school in two or three weeks, and to-day is pastor of a Presbyterian church.

Case 2—Jonas A., aged 55, a veteran of the Civil War; was injured in the testicle while in line of duty, since which time he has suffered more or less severe neuralgia of the cord corresponding to side of injured testicle which was atrophied 50 per cent, exquisitely sensitive, with resultant loss of sexual power. May 1, 1894, assisted by Dr. Allen, of Ionia, I removed the injured testicle and restored the old soldier to his family, but not before repairing the cervix and clamping some protruding hemorrhoids for his wife, who had suffered from monthly and semi-monthly migraine for several years. Both are now

in good health and prospering in business, he an inventor and manufacturer, and she a milliner. My wife has been rewarded by having her hat trimmed several times as the fruits of this work.

Case 3—Jno. B., aged 54, an officer in the State Home of Correction and Reformatory at Ionia, Mich., became a physical wreck from indigestion, constipation, lumbago and malnutrition. In the spring of 1894 I performed the American operation on him, giving him restored digestion and a good back. He can tell you the rest.

Case 4—Emily P., married, mother of three children, aged 38; has chronic lumbago, periodical and interperiodical sick headaches, chronic constipation and resultant protruding piles. In the summer of 1892 I did "all-around work," including the American operation. The wound healed but partially. I had shortened the mucous membrane too much and at that time did not know enough to divide the longitudinal fibers of the gut, and the result was she suffered more locally than she had heretofore in a general way. I fussed and tinkered with that rectum with caustics, dilatation, curetting, salves and powders until my resources and her patience became exhausted. I was finally relieved from her anathemas by the family moving out of the State, since which time I have heard nothing from the case; but probably some other orificial surgeon has. Neither have I attempted to compute the loss to my good reputation in that neighborhood, nor presented a bill for unskillful services rendered.

Case 5—Mrs. B., aged 40, mother of several children, in good health with the exception of a recurrent labial abscess of twenty-one years' standing, which would accumulate about every three months and discharge through a small fistulous opening on the vaginal wall. The cause of this abscess she attributed to her first efforts at coition and not to subsequent confinements. July 13, 1889, assisted by Dr. Bailey, of Orange, Mich., I split the abscess wall and dissected out the pyogenic membrane, which presented the appearance of the membrane of a hen's gizzard and would inclose a pint or more of pus. I sutured the denuded walls and obtained primary union, which has proven a strong and effectual barrier against future impositions. The peculiar characteristics of this case were in the dense fibrous pyogenic membrane, the indolent and almost painless condition during the active and purulent stages of the abscess, together with the capacity of a good-sized bladder.

Case 6—W. C. H., aged 35, grain buyer; neurasthenic, constipated, malnutrition, and most aggravated type of neurotic dyspepsia. Has suffered from protruding, ulcerated and bleeding hemorrhoids for fifteen years. Aug. 12, 1890, assisted by Drs. Grant, of Lyons, and Alton, of Portland, I made the American operation, and was indeed proud of my smooth job, but this case has never come on well. We had nonunion for about three years, followed by anal stricture, which thorough dilatation, including division of the sphincters, has failed to overcome. Being a warm friend of mine for years, he has protected my malpractice by repeatedly saying when interrogated, "I am getting along finely, and if you want your piles cured be sure and go to Dr. Grant, of Ionia." This case, together with two or three others (only), has caused me to abandon the American operation into the hands of more skillful operators and substitute my own method, which is not new, but does not include clamp or ligature.

Case 7—Mrs. MacB., aged 28, married; primipara; patient of Dr. Jefferies, of Carson City, Mich. At the age of 18 she had measles, but has no recollection of any abnormal complications, if any, during their course. About four and a half years ago she noticed a small growth near the outer border of the right rectus muscle, in the inguinal region, which has gradually developed, until her abdomen presents in size and contour about the eighth month of pregnancy. From that time until two and a half years ago (fall of 1891), her menses were irregular and scant, when they ceased altogether March 22, 1894. Assisted by Drs. Jefferies, of Carson City; Strachan, of Pewamo; Gesler, of Saranac; Gleason, of Sheridan, and Allen, of Ionia; also Miss Marguerite Rowand, of Lincoln Park Sanitarium, a very able and efficient nurse. I opened the abdomen and removed a spherical fibro-cystic tumor, attached by a short thick pedicle to the right tube, weighing seven pounds and some ounces. Four weeks from the date of operation she returned to her home in Clinton County, and had a small menstrual flow; her menses were regular from that time until six months, when she became pregnant, was delivered of a bouncing boy, and named him in honor of Dr. Jefferies and myself—I presume in memory of her first or former delivery. I may add that she has continued in robust health ever since.

Case 8—Mrs. W., aged 50, married; primipara; passed the

climacteric three years ago. For four or five years has had more or less pain in the right ovarian region, and for two years has suffered intense paroxysms of pain at intervals of two or three weeks, characterized by sharp and dull, radiating from cervix to hypogastric and right inguinal zones. She had received medical and local treatment without permanent and hardly temporary relief when she was brought to me by Dr. Hargrave, of Palo, Mich., for operation. On examination I found a very sensitive small growth, about the size of a small walnut, situated on the right external wall of the uterus, over the line joining the cervix to body; it was firm but not hard like a scirrhus, but more elastic like a fibroma. As this woman's uterus had never been of reproductive value to her, and now that she had passed the menopause, and could easily spare it, we concluded to remove it, which we did, assisted by Drs. Hargrave, Gleason, and Gesler, Feb. 8, 1894. The operation was by the vaginal route, and was easily made without clamp or ligature, with only the loss of about two or three ounces of blood. She went on the table with a pulse of 108, and was removed with it only 104, reacted well, the temperature never rising above  $100\frac{1}{2}$ . The case was left in charge of her physician and he left his hypodermic syringe in charge of the nurse, with instruction to use it often enough to keep her quiet, which she proceeded to do by injecting morphia and atropia every two hours, until she had injected  $2\frac{1}{2}$  grains of morphia and 1-5 grain of atropia. The doctor returned in thirty hours, drew the urine, the first she had passed, and my first report of the case was gained through the undertaker, she having died thirty-six hours after the operation—the most favorable and promising to my mind of any I had witnessed. My indignation burst into a flame of anger after I learned the particulars of this case, and I said to the husband, that while it might not be much of a consolation to him it became my duty to inform him his wife had been murdered by poisonous doses of morphia and atropia administered hypodermically by the nurse. He seemed to be dazed and made no reply or criticisms, and never called to account the doctor or nurse that I know of. Was it a neuroma? I do not know.

Case 9—Mrs. T., aged 28, married; fourteen children, youngest 4 years old; patient of Dr. Bentley, of Stanton, Mich. Has not been well since the birth of last child. About two years ago began

to suffer from ovarian neuralgia, involving both sides, which has continued without a day's freedom from pain ever since. One year ago she spent about six weeks in the Ann Arbor Hospital, but the surgeon refused to operate because of her exhausted condition, so she returned home. I had not seen the case until called to operate, and during the preliminary examination she said to me: "Now, Doctor, I don't want you to fail to operate." Dr. Bentley had given me the history of her case and his inability to relieve her by internal medication, together with such other auxiliaries as commonly used, so we proceeded to make a vaginal hysterectomy, assisted by Drs. Bentley and Gamber, of Stanton, and Gleason and Budd, of Sheridan, which was speedily accomplished without clamp or ligature, and the loss of blood did not exceed half a tea-cupful. The reason I thought best to remove both uterus and its appendages was because the pain seemed to involve everything, and we were confronted with the pathology of atrophy and pinched nerve terminals, which proved to be correct; the uterus and both ovaries were atrophied 33 per cent to 50 per cent, while the tubes were more or less engorged from blood stasis. While at dinner two hours after the operation a messenger came in a great hurry and said the patient was sinking. We found her pulse had suddenly taken a jump to 160 per minute and indications of a collapse; there was no secondary hemorrhage, so I removed the silk plug and within thirty minutes the pulse had fallen to 130 and within an hour to 120. I have not seen the case since, but learned that she made an uneventful recovery, with no more pain, and has since enjoyed a degree of health sufficient to take charge of a boarding house, and, strange to say, without resort to hypodermics. This was in the fall of 1894.

Case 10—Bernie E. S., aged 11. Had convulsions from two weeks to two or three months for past two years; intellectually bright; from good, strong German-American stock. Had to leave school because of these convulsions, and slow heart's action; pulse ranging from 40 to 60 per minute, but sounds clear and distinct; no increase of cardiac dullness. Had been treated by several doctors for "heart disease" and "worms," without relief; could not perform physical labor or move faster than a slow walk. I was called in consultation with Dr. Jefferies, of Carson City, and upon examination concluded the pneumogastric must be handicapped



from some cause and located it in a partially adhered prepuce and contracted frenum. Jan. 24, 1897, we circumcised the lad and freed the frenum. When he came out from the anesthetic his heart's action was normal, and remained so ever since. In two weeks after the operation he could run as fast and as far as his older brothers; returned to school, and no convulsions since. One year following I did not recognize the boy, he had developed into such a strong, robust, muscular chap.

One more and I will give you a rest.

Case 11—A child 9 months old was brought to me from Northern Michigan for convulsions, which began at three months and continued at intervals of two or three per week for two weeks. The doctors had treated it for "brain trouble" and "malaria." I found a pinhole opening and an adhered prepuce, which I circumcised, and told the mother how to cure such cases without medicine. The convulsions ceased at once and did not return.

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## INSANITY.

### Paper No. 2.

C. T. HOOD, M.D.

CHICAGO.

A delusion is a false belief capable of physical demonstration, out of which the person cannot be reasoned by adequate methods for the time being. As you will see, a delusion and a hallucination are very much alike, a hallucination being a false perception, while a delusion is a false belief, e. g.: A man thinks that he sees some one in his room. This is a hallucination, for no one is in the room. He gets up and walks all over the room. If he has been able to satisfy himself that there is no one in the room, and that he did not see any one in the room, he had a hallucination; but if, after he has walked all over the room time and time again, he still persists that he sees some one in the room, he has a false belief, out of which he cannot be reasoned by ordinary means for the time being, or he has a hallucination.

Delusions are of more diagnostic import than hallucinations. They are also of more value in proving to the court and jury the existence of insanity. I wish to call your attention to this very

important condition, namely: that insane people sometimes have delusions that are true, but they also have delusions that are not true. A delusion may be based upon

First—A hallucination.

Second—A perverted sensation.

Third—Some trivial circumstance.

Fourth—From the mind itself.

The character of the delusion will depend to a great extent upon the condition of the emotions. When the emotions are excited the delusions are of the expansive or happy character, or often violent. When the emotions are depressed the delusions are of the horrible and depressed character.

Most writers on insanity make an effort to classify the various forms of delusions, and as the result the student becomes bewildered in his endeavor to find to which class each belongs. Let us make no effort to classify delusions, but rather study some of the more common forms.

First—The so-called expansive delusions. The word “expansive” explains them. People having expansive delusions consider themselves great. They have great intellects, have become famous, or as soon as they become known they will be famous. They will double up a poor, worn, wasted biceps and ask you to feel the greatest muscle in the world. They will consider themselves the most handsome men, or the most beautiful women, to be found. They are in rags, yet they tell you they have fine houses, magnificent gowns, and possess millions and that their teams will outshine anything to be seen on the boulevard. Other times they are deeply impressed with the importance of their social position. Mrs. John Smith will remind you that she is not plain Mrs. Smith, but that she is Mrs. John Smith. Other times these unfortunate ones boast of extraordinary powers, as to the amount of whisky they can drink, or to what extent they can indulge in sexual intercourse. I wish to call special attention to these expansive delusions, as they are of great importance in the making of an early diagnosis.

A second kind of delusions are the so-called hypochondriacal. These are delusions relating to the conditions of the patient and are accompanied by depressed emotions. Often the one suffering with hypochondriacal delusions has some slight disease of the part to which the delusion is referred. These delusions are often absurd.

The delusion is always out of proportion to the diseased condition, e.g.: A patient has a slight distress in the abdomen, and he will continually hold the abdomen, or insist upon its being bandaged, because of a delusion that the contents of the abdomen will fall out. Other times these delusions are not so absurd. Many people will have this class of delusions and have no other evidence of mental impairment, and in every other respect are capable of performing the ordinary duties of life. These are the delusions that occur so often in neurasthenia.

A third class of delusions are those of persecution. People suffering from this class of delusions require the most careful watching, and are often the most difficult to prove insane. They are the quiet forms of the insane. They hear voices abusing them, or telling them that some one is following them, or some one intends doing harm to some relation or some one near to the patient, or that the good of the nation demands that some one high in authority be punished for supposed misdeeds, or that their social existence depends upon their being able to remove some person. People suffering from these delusions of persecutions are of all insane the most dangerous and often the result is murder or suicide, the patient thinking that he is protecting himself or some one near to him, or that he is performing a duty.

Most authors speak of systematized and unsystematized delusions. A systematized delusion is one where the person suffering from the delusion will defend his delusion by more or less reason. He tells you that he is worth a million, and he proceeds to tell you how he made it. His statements may not always hold, but he will endeavor to convince you that he possesses the money. An unsystematized delusion is one where the person suffering from such a delusion simply makes the assertion without any attempt to convince you of the truth of his statements. He will tell you that he has a million, but when you ask him where he got it, he will simply reply, "I have it." These two kinds of delusions, as we shall learn later, are found chiefly in two of the more common varieties of insanity, yet of very different types.

There are various so-called conceptions, or ideas, which have their origin in the brain of certain individuals which may govern their actions to a great extent. These people are not insane. They recognize the false conceptions, yet their actions are governed by

them. These ideas are called imperative conceptions. An imperative conception differs from a delusion in that the person suffering from the imperative conception recognizes the false belief, but he cannot withstand it, while one suffering from a delusion does not recognize the false belief.

There is another condition that, while closely allied to an imperative conception, and often spoken of, yet is not always understood, namely: a morbid impulse. Some writers claim that the morbid impulse is the result of the imperative conception. While this is often the case, yet the imperative conception does not always cause a morbid impulse. No doubt some who read these lines have stood at some great height and felt the almost irresistible morbid impulse to throw yourself over, or, perhaps you have stood on the bridge over Niagara and felt the morbid impulse to plunge into the rapids beneath, yet you did not have an imperative conception. When there is an imperative conception, and as a result some improper act is committed, it is called an imperative act. One of the most common forms of imperative conceptions is a morbid fear. This may be a fear of anything, fear of being alone, of being in a crowd, in a thunder storm, or a constant fear of some coming disaster. Imperative conceptions and morbid impulses are of importance in the study of the insane. They are usually found in those who are mentally unsound and who will present other symptoms of mental derangement, yet they do exist in people who know that they have false beliefs and who do acts contrary to their judgment when in all other respects these people are sane. The legal responsibility of acts committed as a result of a morbid influence and imperative conceptions is one of great practical difficulty. If the act be committed immediately following the morbid impulse or imperative conception, then the question to be decided is, Did the individual resist to the fullest extent possible the morbid impulse? To clear one of an act committed, it must be shown that the impulse was morbid, e. g.: no motive, and that the impulse was resisted to the fullest extent.

Morbid impulses may be present in all forms of insanity. Sometimes these morbid impulses are but the deductions of a diseased mind. Morbid desires are but perverted or exaggerated natural appetites. They are usually connected with hunger and the sexual passion. In almost any form of the insane the sexual passion may

be much increased, from but a slight degree to being the whole absorbing thought of the individual. In the female this is called nymphomania, in the male satyriasis. There is also a condition called erotomania, where they have the desire for sexual intercourse, yet will not indulge should the opportunity be given. Using the word mania as a suffix, we have a variety of so-called manias to express these morbid impulses, as pyromania, to set fire; kleptomania, to steal; homicidalmania, to kill. Do not make a class of these, as they are usually forms of reasoning insanity.

What we call character is the result of an equal balance between the will, the intellectuality, and the emotions. If, then, the will, the intellectuality, or the emotions be altered, there will be a change in character. A change in character is often one of the first, or the first symptom to show itself in insanity. It may be but slight, as an emotion, or drinking, or despondency, or sexual, but it is of great diagnostic importance.

We have spent some time upon these preliminaries, yet a thorough understanding of them is of great importance if one is to have any kind of a basis upon which to build a comprehensive knowledge of the subject of insanity. Before we classify the insane, let us see if we can get a comprehensive idea of what insanity is.

First—Insanity is not a definite disease. This I wish to particularly emphasize. It is not a definite disease like smallpox, pneumonia, rheumatism, or typhoid fever; but insanity is an abnormal state of what we call the mind, subject to great variations, and is not separated from sanity by any distinct lines. We can have a normal lung, or we may have a pneumonia. If we have a pneumonia, it is not a normal lung.

Second—Insanity presents no new conditions. Do not forget this point.

Third—The abnormal condition we call insanity is simply alteration, exaggeration, and perversion of normal functions.

As doctors you will know no definition for insanity, for to you it is but an abnormal state of will, intellectual power or the emotions. But you must have some concise definition for insanity that, while it may not be absolutely correct in every respect, yet will answer as best it can be given.

Then, too, a man may be legally sane or responsible for one kind of acts, and insane for another kind of acts. To the physician

the only scientific definition for insanity is that it is an abnormal state of the mind, but, unfortunately, the law does not define what constitutes an insane man, and it is necessary that we have a definition that may answer in the court room. Professor Wood says "Insanity is a condition whereby the normal relation of the individual to his own acts and thoughts is overthrown, so that he is no longer able to control them by his will." A simpler, yet equally as good a definition of insanity is, "Insanity is an inability, though conscious, to arrive at proper conclusions." You will remember that the will, or the power to arrive at proper conclusions, does not always lose its power all at once, but often by degrees, so that it is often exceedingly difficult to say where the sane man ends and the insane man begins.

#### A CASE OF ATRESIA VAGINÆ.

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The following case is reported more as a matter of interest than instruction. While of course such cases are well known in medical literature, yet it is not a common experience for any given physician to meet one in practice. Therefore, it may be pardonable to publish this report.

Mrs. G. D. came under my notice professionally in the spring of 1897. I had known her well for several years before that, and had once prescribed for a passing ailment. She was 23 years old, about 5 feet 6 inches tall, perfectly proportioned, beautifully formed, with a clear and rosy complexion; in fact, quite a handsome young woman. She had a fine soprano voice which was well cultivated and much used in social and church work. She was very active in church circles among young people. I nor any one else ever suspected that she was not a perfect specimen of mature womanhood. However, it was known that her husband was not in sympathy with her social and religious associations. He was, in fact, a man of rather unsavory character. It was therefore not surprising when it was reported that he was making charges of indiscreet conduct against his wife, and was seeking a divorce. Whether these charges were well founded or not, she at once filed a counter suit on the ground of infidelity and won her case. In either event,

release from his marital bonds was the object of his desire, and it mattered little to him in what manner it was obtained.

Some months after these occurrences I was hastily summoned one day by the news that Mrs. D. had come home suffering with a severe headache, and was lying unconscious. I found her so, in fact, with congested face, and was unable to arouse her. By the next day she was herself again and confided to a friend that she had suffered such attacks before, and was therefore urged to consult me. This she finally agreed to do and in consequence called at my office in a few days. What was my surprise to learn the following history, which she had never revealed to a single friend. She had never menstruated. When a girl of about 17 her mother took her to a physician on account of the nonappearance of the menses. She said this physician had begun treatments of some kind, that he used to introduce an instrument which was exceedingly painful to her. That is about all she knew of the nature of the trouble and the treatment. From her description I do not think the instrument was a speculum, but a plug or bougie. Soon after these treatments were begun her mother died and she at once discontinued her visits to the doctor. Within a year she met and married Mr. D. For five years they continued in the bonds, and she never menstruated. She said the sexual relation had never been satisfactory to her husband, that he complained of inability to effect an entrance, and that she was not like other women. On her part, she confessed to a more than usual amount of sexual feeling, and had no complaint to make. It now appeared that this unsatisfactory condition was the real cause of his estrangement, and efforts to secure a divorce. I suspected an imperforate hymen, with normal concealed menstruation, because of her splendid physical development. Curiously enough, I had only recently operated a case of imperforate hymen in a young lady moving in the same social circle with Mrs. D. Upon examination I found, as said before, a perfect physical development, including the breasts and the external genitals. However, the introitus vaginæ was closed, presenting a smooth surface. There was no bulging, but it could be depressed by pressure of the finger, to the depth of about an inch. Palpation and percussion of the abdomen, I was quite sure, indicated a tumor extending from the pelvic cavity up to the level of the umbilicus. It presented the shape and size of a five or six

months' pregnant uterus. There was no sensitiveness or pain, but she confessed that she was conscious, lately, that her abdomen was enlarged, and was embarrassed thereby. I could not ascertain that she had any regular monthly pain, indicative of menstruation, nor did her headaches come frequently or periodically.

As our patient had already formed a new alliance of the affections she yielded readily to the suggestion of an operation. Under chloroform an incision was made in the tissue closing the entrance to the vagina. I speedily ascertained that I had no membrane, but solid tissue to deal with. With finger and scalpel I worked my way carefully between the rectum, urethra, and bladder to the depth of fully four inches. The tissues separated as if they had united by adhesion rather than by congenital connective tissue. At the upper end I finally dissected loose a band of smooth tissue resembling cervical structure. It was about half an inch in diameter. I followed it up an inch and it led to nothing. I could discover no other sign of cervix or os nor any other evidence of nearness to the tumor, and I felt that it would be unwise to go blindly into the pelvic cavity to evacuate the tumor into that long, raw canal. I was able to dilate the new vagina fully, and hoped to keep it open by after-treatment, and later attempt an entrance into the uterus. In this I was completely foiled by her unwillingness to bear the pain of treatment, though so anxious to have a vagina.

On about the sixth day a very profuse discharge of pus (not offensive) appeared, and continued for weeks, until the canal had again completely closed up. This discharge was far more abundant than could be accounted for by the suppurating canal itself. At first as much as half a chamberful was evacuated while she was on the commode. The tumor also diminished, and the abdomen flattened appreciably, but there was no evidence of blood in the discharge. I must conclude that the uterine tumor was a big pus sac, which discharged itself by pressure ulceration through the thin vault of the newly made passage.

After her recovery I was never again able to obtain an examination, though she repeatedly promised to come to my office. I am sorry to state that for some time thereafter her morale was sadly undermined, and in spite of her incapable condition, I have good evidence that she lost control of her sexual desires for a time. Her indiscreet conduct resulted in the loss of her friends, dismissal from



her church, and finally her removal from the city. I learn recently, however, that she has braced up, and is maintaining a good character in a distant city. Though she has succeeded in forming several engagements, she has not as yet been able to consummate a marriage.

In conclusion, several questions puzzle me. Must we not believe that this woman possesses normal, healthy ovaries? I was not able to detect them by digital exploration, either by rectum or by the new vagina, but that does not disprove their existence. If normal, and menstruation occurs, why was there no bloody discharge from the uterine sac? Could the original bloody contents have so completely degenerated into pus? Or was I mistaken, was there no tumor or pus sac and did the profuse discharge emanate entirely from the granulating canal? If such is the state of the uterus, what will be the future outcome of this case? An abdominal exploration would have been highly gratifying if it could have been obtained. I warned her that this might some day become necessary. From all appearances, I am of the opinion that the condition was acquired and not congenital. It was probably caused by inflammatory adhesion in early girlhood.

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## SYPHILIS OF THE NERVOUS SYSTEM.

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KANSAS CITY, MO.

Syphilis is a general dyscrasial blood disease caused by absorption of a peculiar virus into the circulation. Just what this virus is has not yet been positively determined, but is believed to be a micro-organism—a bacillus first described by Lustgarten; it being known chiefly by its effects. It manifests itself, primarily, by the appearance of a chancre at the point where the virus enters. The time that elapses (eighteen to twenty-six days) from the exposure to the appearance of the chancre is termed the period of incubation.

Any cutaneous or mucous lesion yielding a discharge, or any syphilitic blood drawn from a patient, will cause syphilis in a healthy individual, if that individual has a fissure or other abrasion through which the poison can be absorbed. None of the physiological secretions or excretions, mucus, tears, sweat, milk, semen, urine, etc., can produce syphilis by inoculation, unless there is an abrasion of the

mucous membrane of the syphilitic individual from which these secretions or excretions come.

Syphilis may be contracted in the secondary stage as easily as in the primary. The virulence of syphilis disappears in the late tertiary stage—as a rule, in about four years from the time of the chancre. In many instances, however, its virulence disappears much sooner; this depending upon the general constitution of the patient, the virulence of the attack, and to some extent on the previous line of treatment.

The modes of syphilitic contagion are many. The poison may be directly conveyed from one individual to another by inoculative contact, or it may be transferred mediately by any indifferent object upon which the virus has been accidentally deposited, when that object has been brought in contact with portions of the skin or mucous membrane in which a solution of continuity exists. While it is commonly acquired through direct inoculative contact of the genital parts in sexual intercourse, it often originates entirely independently of the venereal act, and the seat of its primary lesion may be upon a part of the body remote from the genital region. For instance, a syphilitic individual with a mucous patch in the mouth kisses a healthy individual, and that individual having an abrasion of the skin or mucous membrane of the mouth, the result is constitutional syphilis, the same as if contracted by having connection sexually with an infected person. The same rule holds true in those cases where a surgeon in making an operation upon a syphilitic individual is so unfortunate as to let the blood come in contact with an abraded surface on his person; or again, a physician making a digital examination of a syphilitic woman, providing that there are mucous patches in the vagina, may contract the disease, if he has an abrasion on the finger, and a chancre develops at that point, and later constitutional syphilis. Other methods by which it may be transmitted are drinking cups, pipe stems, surgical instruments, bandages or cloths worn by a syphilitic individual, children nursing a syphilitic wet nurse, or the nurse may become inoculated from a child with inherited syphilis.

For convenience of study and because certain pathological phenomena make their appearance more especially at certain periods, syphilis has been divided into three stages: Primary, secondary and tertiary.

The primary stage corresponds to that period during which is developed a local manifestation of the syphilitic poison—a chancre and its concomitant lesions, such as an engorgement of the lymphatic vessels leading from the chancre, and an indolent enlargement of the lymphatic glands in which they terminate. This stage usually makes its appearance about eighteen to twenty-six days after exposure to the infection, but may be much shorter or longer; as early as nine days, or not until seventy days or more have elapsed.

The secondary stage corresponds to that period during which is developed all the earlier affections of the skin, mucous membrane—as blotches on the skin, ulcers of the throat—pains in the bones, falling out of the hair, and many of the milder affections of the eyes, testicles and the glands, with some of the varieties of nervous syphilis. This stage usually makes its appearance about forty-six to forty-eight days after the appearance of the chancre, but may appear much sooner or may not appear for ninety days or more. It may last from six months to one or several years, and in rare instances may be entirely skipped—the first symptoms appearing after the primary stage being those of the tertiary stage.

The third or tertiary stage follows the secondary stage and consists of the later and ulcerative skin affections, the deeper lesions of the connective tissue, muscle, bone, cartilage, internal organs, nervous system, and all morbid conditions occasioned by what is known as gummy deposits. This stage does not, as a rule, make its appearance for at least a year after the appearance of the initial lesion—the chancre. Tertiary syphilis may never show itself, or may appear after a period of health of many years—often five or ten or even longer.

The line of demarkation between secondary and tertiary syphilis cannot always be closely drawn, as the secondary usually gradually emerges into the tertiary. It is during the secondary and tertiary stages that syphilis is termed constitutional, on account of the whole system being involved, in contra-distinction to the primary stage where the manifestations of syphilis are, as a rule, local. As a rule one attack of syphilis confers immunity from another for many years and often for a lifetime.

Syphilis of the nervous system may occur in the primary, secondary or tertiary stage, but is met with more frequently in the tertiary, less frequently in the secondary, and rarely in the primary

stage. It seems that the milder forms of constitutional syphilis are more apt to involve the nervous system than the severe; and cases occur in which the only specific lesions found are in this system.

Pathology.—Syphilis of the nervous system may affect any portion of it—intra-cranial contents, spinal cord, peripheral nerves, the membranes and bony structures surrounding the spinal cord and intra-cranial contents, as well as the arteries and capillaries within them. Syphilis affects the arteries of the brain more frequently than those of other parts. It most commonly affects the large arteries, as the internal carotid, middle cerebral, vertebral, basilar and posterior cerebral. One or many vessels may be affected. The circle of Willis is especially liable to syphilitic disease.

Arterial disease, termed endarteritis—inflammation of the inner coat of the arteries—alone or complicated, is the most common pathological condition of the brain, due to syphilis. By the irritating action of the syphilitic blood, a cellular activity is called forth upon the endothelium of the arterial walls; new cells are formed and arranged in superimposed layers. As the new cells continue to multiply the caliber of the vessel is diminished in size and as a result of this narrowing of the vessel's caliber there is a diminished blood pressure throughout the arterial field, causing prolonged somnolence and impairment of the intelligence (in arterial disease there is no attending optic neuritis and no paralysis of special nerves); or again, a vessel may become more constricted at one point than at other points, and thus give rise to the formation of a thrombus, which in its turn may give rise to an embolus. The degenerated vessels may rupture, causing a true apoplectic attack; or again, as a result of syphilitic endarteritis, aneurisms—one or many—may form along the course of the arteries.

Next in importance to arterial disease come the gummatous growths in the causation of syphilitic brain symptoms. Gummata are the exclusive product of syphilis and are of its latest manifestations. This gummy material is a specific deposit made up of cells which have not the vitality to become organized. They grow at the expense of the tissues in which they are formed, and after reaching a certain stage of development undergo retrogressive metamorphosis (into caseous and calcareous products and connective tissue), and either become absorbed gradually without solution of continuity of the tissues in which they are deposited, or pass through a process

of softening before disappearing; or again, they may break down and form an abscess. It is seldom, however, that any purulent formation is observed.

Gummata occur chiefly in the acquired disease. The period after infection at which they develop is especially from the fifth to the twelfth year, but they have been met with as early as one year and as late as fifteen, twenty or more years after the primary lesion—a chancre.

Gummata more commonly are found at the base of the brain, and especially in the inter-peduncular space, and on the optic chiasm; when they occupy the convexity, they are more frequently located on the frontal and parietal lobes. They are usually found either in the meninges or the peripheral layer of the brain, but occasionally they may be located in the deeper substance of the brain or even in the basal ganglia.

When a gumma is located in the dura mater it may set up a circumscribed meningitis, followed by periosteal thickening or even dry caries of the skull, causing severe nocturnal headache and sleeplessness. In the majority of cases, however, a gummatous growth prefers the pia mater and forms a distinct tumor with focal symptoms.

Gummata vary in size from a pea or cherry to that of an egg or orange. In number they may vary from one to a dozen or more. They are more or less distinctly circumscribed by a dense, fibrous envelope. As these gummatous growths develop in size, they present symptoms common to cases of tumor of the brain; such as symptoms of irritation and compression, manifested by optic neuritis, convulsive movements, epileptic seizures, paralytic conditions, severe neuralgia and mental symptoms of various kinds.

As a rule gumma and arterial disease are met with simultaneously in the same subject, and then there will be a combination of the symptoms common to each pathological lesion, as given above.

Syphilis is a common cause of encephalitis and softening of the brain. It is chiefly a consequence of acquired syphilis, and so occurs in adult life, but has been met with in its characteristic form as a result of inherited syphilis, and may occur any time between birth and the tenth year. The softening in syphilitic encephalitis is due to fatty metamorphosis of the newly formed tissue—not due to vascular disease or new growths.

The morbid lesion underlying spinal syphilitic disease consists

in a thickening of the pia mater, with the formation of gummatous growths. There may be a specific endarteritis of the blood vessels of the spinal cord as well as those of the brain, and as a result of this disease in the blood vessels, either definite areas of softening take place, or minute hemorrhages may occur. As a rule, however, arterial disease and circumscribed gummatous growths are not so common in syphilis of the cord as they are in syphilis of the brain; the most frequent pathological lesion being a diffused gummy infiltration of the meninges and lymphatic spaces. The spinal membranes may be affected chiefly or the infiltrations may be confined to the periphery of the cord, or again the whole thickness of the cord may be affected.

When the cranial or spinal nerves are affected there is an intense infiltration of the peculiar cells, with a degenerated process of many nerve fibers; or there may be granulations, or actual tumors of the nerves, or it may cause inflammation and degeneration of the nuclei of origin of the nerves.

The bones of the skull or vertebral column may be thickened, or there may be spicular or long pencil-like formations. The membranes of the brain are usually affected, being infiltrated, especially at the base, and are usually adherent; so that the cerebral substance tears when the membranes are pulled away. Rarely is there any purulent formation. Bone lesions and pachymeningitis are likely to be attended by intense localized pains, optic neuritis, convulsions, paralysis of special nerves, special neuralgias and mental changes.

(To be continued.)

# EDITORIAL DEPARTMENT.

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## SERIES OF IMPERSONATIONS.

### IMPERSONATION NO. II.—THE ORGANIC MAN.

LADIES AND GENTLEMEN:

I am conscious of appearing before you in the guise of a perfect stranger. I presume you did not know that I even existed. As you are honest I am sure you will own that this is the truth. But I really do exist, or I would not be here. I am sure you will know me better after I have told you my story, and if you will kindly permit me to have your attention for a short time I believe that I can easily make you reconciled to the conception that there really exists an organic man, or, to put it more exactly, a large number of organic men, as many organic men indeed as there are organs in the human body. It may seem a little far fetched to you at first to claim that every organ in the body is coextensive with the body itself, and therefore possessed of such a perfect human shape as to entitle it to your consideration as one of the members of our composite family. But such is really the case. As you know, there are a good many organs in the human body, and as every one of them is a full grown man in all its perfection of form the composite man, who is supposed to blend all the various human forms into one grand being built in the image of his maker, and who is to be known as the composite man, and who will be the last of our family to address you, is indeed a conglomeration of shapes more numerous than one would on first thought deem possible. I think I hear you say at once, "What! is there a stomach man? is there a lung man? is there a spleen man? is there a liver man? is there a kidney man? is there a pancreatic man? and a salivary man? and a glandular man? and every other kind of man that is represented by an integral bodily organ?" But do not be uneasy, for although this is in reality the case you will not be called upon to attend to so long drawn out a story as their separate personal reports would of

necessity make, for as the composite man, who is to be your final entertainer, will address you in behalf of our entire family, so do I come before you as a representative of the various organic men who are anxious to be heard by the same audience who have listened to the story of the various human forms that have appeared before you.

I am not the composite man, but you may if you like call me the composite organic man, inasmuch as I shall present one common report for all the organs, having myself no real existence outside of the various organic shapes that enter into my make-up. I am not the lung man, I am not the heart man, I am not the kidney man, I am not the spleen man, I am not the liver man, nor any other of the individual organic men, but I am all of these combined and come before you as their sum and substance to tell such a plain story of the human existence of every one of the organs, even to the extent of constituting a complete human form, that each one of the various organic men will feel that what I have to say will do for him.

Now, many times you know when description proves to be difficult and one's meaning is hard to express in formulated language, it is more satisfactory to both audience and speaker to speak in parables; in other words, to explain how things are by means of well selected illustrations. My own task appears to me so difficult that I feel almost compelled to resort to this ancient method of explanation in order to be at all sure that I can give satisfactory expression to what I am expected to say to you. So you will kindly overlook in my talk what at first may seem irrelevant and wandering, for I think if you will put all my illustrations together, in the end you will be able to completely comprehend my meaning and understand why I deem it important that the organic man should be recognized as a composite human shape and have equal privileges with the other human shapes, ten of whom have already addressed you and some few of whom are yet to be heard from. I realize at once that the hardest part of my task will be to make it plain to you that every organ of the body is as large as the body, and hence possessed of a complete human form. So, if you please, we will give this matter our immediate consideration.

Now will you kindly tell me what is the measure of a man? Is it merely that of a being so many feet and inches in height, of such



and such a girth, of such and such weight, and such and such proportions; or does the man extend as far as his feelings influence to action and his thoughts give such action form? It goes without saying that whatever issues from a body partakes of its quality. In this way in the great universe of which we are so small a part a sun-beam tells of the sun and every created thing stands for some quality in the universal creator, and in our small individual life do we not find the same principle universally prevailing? Has not every being his characteristic voice, gait, language, and emanations of all kinds? How could a bloodhound track a fleeing fugitive, or a dog scent game, or a detective identify handwriting or footsteps, or any form of physical expression upon the part of a human being, if individuality was not stamped indelibly upon everything which issued from it? A school most certainly leaves its stamp upon every scholar who attends it; but what is the school but the combined influence of its scholars? The spirit of a town may enter into every one of its inhabitants and influence them to enterprise or leisure, to culture or shiftlessness, to drunkenness or sobriety, to any quality that it stands for; but what is a town other than the sum total of its inhabitants? for while the quality of the town as a whole unquestionably imprints itself indelibly upon every inhabitant which it contains there is not an inhabitant of any town so insignificant as to escape the responsibility of contributing his share, whatever it may be, to the general town quality. All this is but another way of reminding you that while the whole of anything is invariably made up of its parts, on the other hand the various parts enter into the formation of the whole. How could a baby boss the whole house if it was not as big as the house? How could pepper and salt and curry and other seasoning and flavoring agents be tasted in every teaspoonful of soup if they did not permeate every particle of it and possess a form coextensive with the liquid itself? And yet none of these ingredients in their solid forms would make much of a showing in comparison with the size of the bowl whose contents they so successfully flavored. To sight and touch, or in other words, to a part of sense perception, they appear to occupy but an insignificant part of space filled with the broth, but the smell and taste, one or both, give evidence of a larger form, so large indeed as to be coextensive with the liquid to which they give flavor.

I wonder if these brief but pointed illustrations are not suf-

ficient to help you to understand the sense in which I present for your consideration as many organic men as there are bodily organs? If every inhabitant of a town exercises an influence as wide as the town he is in a sense most certainly as big as the town. If a scholar wields an influence that permeates the entire school to which he belongs he is certainly as big as the school. If an organ wields an influence coextensive with the human body that organ is certainly entitled to a recognition as a human being, as tall, as broad, as well and completely proportioned in every part as all the other individual forms, whose claim to recognition has no better basis than his own, except perhaps that his existence appeals less perfectly to mere sensation, but just as perfectly to perception. The real question at issue is merely this. Must forms necessarily be sensed? Are those forms less real whose existence can be established only by perception? We measure air, and oxygen, and other gases in cubic feet, the power of electricity by volts, and why may not other forces enjoy the same privilege? And if an organ wields an influence coextensive with the body why may we not allow it the privilege of being considered a bodily shape?

Now, my dear friends, the next of our brotherhood to address you will be the brother known as the conscious man, and after him you will listen to some remarks from another of our shapes known as the unconscious man. Neither of these two brothers will appear before you in what is known as tangible form. Their existence is not cognizable by any of the physical senses, and yet I think before they have done with you that they will convince you most thoroughly not only of their existence but their shapely existence. If these brothers of ours did not possess organs and have forms not a single one of the various human forms who have already addressed you could by any possibility of means ever have taken on human shape. If these two ghosts of our brotherhood of shapes are to be permitted to address you in the capacity of human forms, I can see no just reason why the same privilege should be denied the organic man, for his claim to formship is certainly much easier established than is that of either the conscious or unconscious man, because every organ in the body is possessed of definite physical attributes amply sufficient to establish its identity as an organ, and it is by no means a difficult task to prove that the influence of every organ of the body is coextensive with the body itself. If you per-

mit an odor to be considered as a part of the flower from which it emanates, if you permit light to belong to a lamp, if you permit sound to belong to a musical instrument, you must in all reason permit lungs, for instance, to be considered as extensive as the influence of the breath, and the kidneys and liver and spleen and pancreas and all other organs to be as large as the area of the bodily effect which is under their control. The world is generous in its interpretation of words. It permits the form of a word to contain various grades in meaning, ranging everywhere from the seen to the unseen; indeed there is scarce a word employed by intelligent beings that has not a soul as well as a body, that cannot be used for purposes of communication in the world of thought as well as in the world of matter, that does not stand for an interior as well as for an exterior form of truth. Indeed outer symbols and words and signs are valuable to us only as they will hold the genuine wine of life in the shape of some interior meaning which is expected to be extracted by all those who drink deep enough to live.

But, ladies and gentlemen, I feel that I am trespassing upon the two ghosts, the conscious and unconscious men, who are so soon to follow me with their own impersonations, and I trust that I have gone far enough with my illustrations for present purposes, and that you will be able to perceive from what I have already said the grounds upon which the various organs of the body base their right to be registered as human shapes. It may be well, however, before leaving the subject entirely to drop generalities, leaving them for the abler speakers who are to follow, and endeavor to make my meaning still plainer by presenting you with a single organic form, after which perhaps it will be a simpler matter for you to understand how every organ in the body is entitled to recognition as a complete human shape, for the remarks which I make in behalf of the organic man, whose airy shape I may try to define for you, will apply equally well to all the other organic shapes who demand recognition as such.

Permit me to select the lung man as the organic form, of whose existence as a perfect human shape I hope to convince you. It will then go without saying that as there is a lung man there is also a kidney man, and a liver man, and as many other men as there are organs.

Now, the lungs, you know, are confined, so far as their visible

forms are concerned, to the cavity of the chest, having definite limited boundaries so far as appearances go, and yet reaching in their influence the remotest parts of the human body. I am sure that you did not question the claims of the arterial man when he told you of his fair and comprehensive proportions. He permeated the skin, he went out into the muscles, he penetrated the bones, he ramified throughout the areolar man everywhere, and attracted your attention to his eyes, ears, nose, mouth, heart, lungs, liver, and various other organs that he circulated through, and in such a complete manner as to take on most perfectly the physical form of every organ and tissue in the entire body. So that when he spoke of himself as the arterial man you must have at once recognized the justice of his claim. I want to tell you right here that the arterial man never carried a drop of blood upon which the lungs had not breathed the breath of life. The bright red color of the entire arterial stream was due to oxygen supplied almost entirely by the lungs, a small amount being supplied by the skin man. So that you must admit without further argument that the lung product at least reached out into every part of the human body and was co-extensive with the composite man which stands for all of us. There is not an organ or tissue belonging to any of our brotherhood of shapes that is not dependent for its supply of the vitalizing agent known as oxygen upon the action of the lungs. In addition to this the lungs serve as a smokestack out of which the carbonic acid gas which results from universal bodily decomposition is emitted with every expiration. If this outflow of carbonic acid gas was stayed but for the space of a few minutes there is not an organ or tissue of the body that would not be strangled to death. Every part of the entire body, therefore, that lives must breathe, that is to say, must receive oxygen and be able to unload its carbonic acid gas. And if every organ and tissue of the body is not possessed of lungs they certainly act as though they were, for the interchange of health-giving and death-dealing gases is coextensive with every one and all of the bodily forms. It seems to me that in reality no further argument is necessary to prove that there is such a thing as a lung man, with form and proportion coextensive with the most perfect of the human shapes. But there is another argument which may be used if necessary to substantiate the same fact, and that is the wonderful and universal influence wielded throughout the bod-

ily domain by the great lung pump, as the organs of respiration may well be called. When the diaphragm is lowered and the ribs are raised and the capacity of the chest is thereby increased, a large vacuum is formed which serves as a suction pump for the entrance of the air. But this statement by no means tells the whole story. The influence of the suction is felt not alone upon the volume of air but is appreciated with equal force in every branch and twig of the venous man, whose muscular coats would be inadequate to their duty of returning the blood from the peripheral tissues to the heart if they are not aided by the suction power of inspiration. If you have never done so, the first chance you get place your finger upon the anterior fontanelle of a baby in arms and note how it rises and falls to the action of the lungs. In inspiration the fontanelle recedes, and in expiration it bulges, and this action continues throughout life, although after the bones of the skull are perfectly formed of course the brain contraction and expansion, which is being kept up just the same, is not so readily observable. Now what you are able to note with reference to the baby's brain by watching the rising and falling of its anterior fontanelle is equally true of its extremities and trunk and all they contain. Inspirations pump blood from the feet and hands, and skin and bones, and liver and spinal cord, and all other parts of the body just as they do from the brain; and expiration permits them to become filled up again in readiness for a repetition of the process. There is no part of the human body so remote, so inactive, so dead, as to be insensible to this rhythmic action of respiration. Without it indeed all bodily circulations of liquids and gases would speedily cease. So that respiration is a function coextensive with the living human form. When a form ceases breathing it at the same time ceases living and is dead. Why, we even speak of the size of a vacuum, and inasmuch as the lungs stand not only for the oxygen supplied by them but also for the vacuum supply of the body, why must not its just measurement be recognized as being identical with that of all the bodily shapes that it so perpetually and rhythmically exhausts and fills up? The breath, indeed, stands for the ebb and flow of life in all its shades of quantity and quality, from the sigh of love to the gasp of fear, from the rapid, panting, and shallow breath of the excited to the slow, deep and regular breathing of the absent-minded and reflective. The hurrying and slowing of respiration,

the shallowness and the depth of it, respond to our various emotional states so perfectly as to transmit our every temper to the remotest recesses of every type of bodily structure. As the lungs therefore touch the tissues everywhere not only by the products of their function but also by their rhythm, I appeal to you as an unprejudiced audience to grant me the justice of my claim that the true measurement of the lungs in all their dimensions is identical with that of every bodily form that has appeared before you, or is yet to have that pleasure. In a manner less obtrusive, but at the same time as easily presented and readily understood, can every organ of our common form claim to be coextensive in its sphere of influence with every other human form, and therefore be entitled to a hearing in your presence as one of our brotherhood of bodily shapes. There is, then, not only a lung man but a kidney man, a liver man, a splenic man, a salivary man, a pancreatic man, and so on to the end of the chapter.

My main object in calling your attention to the existence of the organic man in his multitude of types is to perpetuate the important conception of the oneness of the human form divine. A healthy human being is characterized by the entire absence of all self-consciousness of his various parts, and when an eye, an ear, a throat, a lung, a heart, a back, a foot, a hand, a skin, a stomach, or any other tissue or organ makes itself conspicuous by any type of self-consciousness it is in disorder and needs readjusting to its proper rhythm in the general harmony of the human organization. The specialist that does not recognize in his work this interdependence of the various bodily forms is inadequate to his calling and unworthy of patronage. It is all right for a professional man to confine his attention to considerations of the eye, or ear, or nose, or throat, or heart, or lungs, or kidneys, or sexual system, or any other integral part of the human body, but in doing so he is in honor bound to constantly bear in mind the great fact that whereas the part in which he is especially interested wields an influence coextensive with the body, at the same time it is subject to a return influence from the combined organism of which it is but a part.

But my present purpose is not to cast reflections or to point a moral, but simply to remind you that as every brick in the construction of a house is essential to the symmetry and support of the entire house, so every organ in the human body is essential to

the entire body, and therefore coextensive with it in size and shape. My plea has been for the recognition of the existence of the organic man, or rather of the organic men, as distinct, full sized, and amply proportioned bodily shapes; and if you think my position is a strained one, or that my arguments are weak and far fetched, I wonder what you will conclude when you are addressed by that wonderful brother of ours, the conscious man, who is the next member of our composite family to address you. The parts which I stand for may not appeal to all of your senses, but his form would appeal to none of them, and yet he is by no means formless or indefinite in his proportions, but a veritable human reality, as I hope he may be able to prove to you. Speaking as one of the coarser types of human forms well known as material shapes, I can assure you that in our family counsels the conscious man is an all important member, and none of us could exist without him. But as he is amply able to speak in his own behalf I will say no more.

The conscious man will be your next entertainer.

E. H. PRATT.

## CLIPPINGS AND COMMENTS.

C. A. WEIRICK, M.D.

CHICAGO.

103. Thus far a baker's dozen of the faithful among the well-known men and women are attending these meetings, the rest of the audience being composed of comparatively unknown physicians and medical students, women predominating. Chicago is about as bad on her homeopathic society as the public of that city is on opera; they don't seem to know a good thing when they have it.

After giving the excellent program for the December meeting of said society, the Medical Century made the above comment. The Century has always been its friend. We do not need any less the enthusiastic help the specialist gives a medical society, but a more universal help from the general practitioner. Each to a certain extent sees the results obtained by the other, they are mutually helpful, and the success of a medical society depends on their co-operation. The same co-operation to a certain extent is essential to the success of a medical journal. The object of society and journal is to disseminate knowledge. The "comparatively unknown physician" may be only comparatively unknown. He may not be an ex-officer of several medical associations, he may not be a member of several committees, nor of a college faculty, neither may his name appear frequently in print, yet he may be well and favorably known to hundreds of patients because of his skill as a physician. He may not know and be able to tell all that other physicians know, but he has a mind that is trained to discriminate between facts and theories; he knows that verbosity is not an evidence of wisdom. He may feel as did Jenner, who, when urged to go to a larger field, wrote as follows: "Shall I, who, even in the morning of my days, sought the lowly and sequestered paths of life—the valley and not the mountain—shall I, now my evening is fast approaching, hold myself up as an object for fortune and fame? Admitting it as a certainty that I obtain both, what stock should I add to my little fund of happiness? My fortune, with what flows in from my profession, is sufficient to gratify my wishes, indeed, so limited is my ambition that were I precluded from future practice I should be enabled to obtain all I want. And as for fame, what is it? A gilded butt, forever pierced with the arrows of malignancy."

Valuable as the above society undoubtedly is, yet how much more valuable would it be—would all societies and medical journals be—could these "comparatively unknown physicians" be induced to



give to the profession through them the practical ideas and successful measures that they have evolved and developed in the vast aggregated daily clinic which they hold. To secure their active interest is one of the problems to solve.

Of the well-known physicians of to-day how many of them will live in the medical mind after their death? If the future may be judged from the past, the influence on medicine of a very large per cent of them will end with the adoption soon after their death of a few stereotyped resolutions of commendation and condolence. A well-known physician is not necessarily a great physician. In medical societies there is always a certain amount of executive and committee work required; there are those who like that work and are adapted to it. Some of them are skillful physicians, others are not; all of them for the time become well known within the scope of influence of the society in which they work. The number of doctors who give to medicine a new and really valuable idea is very small. They are the ones, however, who live after death; they are the great physicians. An official position does not bring to them any honor, for they are great in themselves. They are not honored because they are officers; they are equally well known without office. Prominence and greatness in professional life may mean a very great difference. We wish the hundreds of physicians who have not cared to see their names in print would give through medical societies and journals some of the useful facts they have learned from their clinical experience, and that well-known doctors and comparatively unknown doctors and women doctors would feel it a duty which they did not wish to escape to give the information that they possess that will help to alleviate human suffering.

104. The Eclectic Medical Journal reports a case, aged 23, who had painful menstruation from the time of the beginning of the function. She would be from two to four days in bed at the menstrual. No treatment had been of avail until jaborandi was given with very-satisfactory results.

105. "Examine for reflexes and relieve them. Circumcise anyhow," was part of the advice given by the editor of a medical journal to one who sought advice through his journal for the treatment of epilepsy of a girl aged twelve years.

We object to any such advice as an operation, no matter what kind, unless there should be one. Circumcision is not required in a great many cases, and of course to do it on such or to advise it on general principles for any class of diseases is a mistake and brings into disrepute a useful measure. Correct what is wrong, but don't make what is right wrong just to do something.

106. Veratrum alb. will cure a great many cases of capillary bronchitis and broncho-pneumonia in children where all other remedies fail.

Nine years ago we gave it to a delicate girl patient seven years of age, in whom we looked for a fatal termination from an attack of broncho-pneumonia.

At the time the *veratrum alb.* was given she was too weak to move her head or speak a word, pulse too rapid and weak to count. Cough had stopped, skin cold, head and surface of body bathed in a profuse cold sweat, large amount of mucus in lungs, great dyspnoea.

In half an hour after the administration of the drug she began a decided improvement. Heart first showed the quick action of the drug. It grew stronger and became countable, perspiration ceased, and with the free expectoration of mucus dyspnoea was relieved.

A short time after we had occasion to prescribe this remedy for a very similar case, although in a younger patient, with the same prompt and successful results.

Since that time *veratrum alb.* has been prescribed by myself very often in desperate cases of pneumonia in old people and in capillary bronchitis and croup of children.

It will do fully as much near the end of an attack when nature seems to fail to rally her forces as *veratrum vir.* will at the beginning to reduce congestion and inflammation.

WALTER C. LOVEJOY, M.D.

Maywood, Ill.

This is a disease having a large percentage of deaths, hence, any advice which offers help in its treatment is very valuable, especially when it comes as did the above from one having had so large a clinical experience as has Dr. Lovejoy. The remedy is none the less valuable because it is an old one. There is need of caution on the part of doctors that they be not led by the vast amount of advertising literature published by pharmacutists into prematurely indorsing very imperfectly tried measures. In the rush for something new, which in proportion is apparently as great among medical men as among milliners for new styles and novelties in hats, there is danger that old remedies whose action is well defined and that have been clinically tested and proven efficient in certain well marked diseased conditions will be forgotten in the mistaken idea that the adoption of new measures indicates progress. We doctors need just such facts as given by Dr. Lovejoy to enable us to save the life of any such desperate case as he described that may fall into our hands and to remind us to "hold fast that which is good" in medicine.

107. Nat. sulph. and kali phos. will in the 2x or 3x cure the majority of your diabetic cases—cases that we formerly dieted into the grave.

Dr. Irving Clendenen has a record of 200 cases of diabetes cured by the use of these two grand tissue builders.

WALTER C. LOVEJOY, M.D.

If nat. sulph. and kali phos. have cured 200 cases of diabetes mellitus coming into the hands of one man doing general practice, they can be called specifics for that trouble. We have never used those remedies for that disease, but have found Clemens' solution of arsenic, nitrate of uranium, jambol, allow water and diet of proteid food, the most efficient measures we have tried. This journal hopes to hear from any others who have tried the tissue remedies in diabetes mellitus. It is seldom that any one doctor, unless a specialist, has sufficient clinical opportunity to thoroughly establish

the possibilities and limitations of a remedy in a disease occurring with no greater frequency than diabetes mellitus.

108. During the last year I have been triturating my own tissue remedies and have had much more satisfactory results in their use than formerly.

Dr. C. C. Edson, in an article written for the April number of the Medical Summary, makes the statement that there is only one man in America who knows how to manufacture the Schuessler remedies and that that man is F. Luyties. Be that as it may, I have had far better results with my own triturates.

There may be another reason for my better success, however, viz., that I have used them in lower preparations, the 2x and 3x, none higher.

Silicia has never before served me so well as in the 2x. Prescribed it in this strength for case of twelve years' standing of profuse and offensive foot sweat, making feet sore. This case also had an umbilical fistula, which was cured within two weeks by topical and internal treatment with same drug. One dose cured foot sweat. This patient had used all kinds of treatment and I had several years before tried to cure him with silicia high.

WALTER C. LOVEJOY, M.D.

It is to be hoped that the pharmacutists will see the above statement and investigate their methods of triturating to correct any fault in the method of doing the work.

The idea advanced by Dr. Lovejoy that the low potencies of the tissue remedies act best, is not in accordance with prevalent opinion, but as it is the result of the experience of an accurate observer it is worthy the investigation of others.

109. HEMOPHILIC WOUND BLEEDING STOPPED BY LOCAL USE OF GELATIN.—Dr. Nichols, in the Medical News of December 2, 1899, tells of severe, persistent hemorrhage continuing for a long time despite all efforts to control it, which, nevertheless, stopped at once upon the local application of a sterile 10 per cent solution of gelatin.

Those who have in their charge such cases will doubtless be glad if further experience will demonstrate that the gelatin solution is a reliable hemostatic. Children who are thus affected seem to be frequently getting little wounds, and sometimes, notwithstanding the use by the parents of well tried hemostatics that they keep constantly on hand, the bleeding persists. We have used perchloride of iron, but do not like it because it delays the healing of the wound.

110. In the irritating night coughs of children that I am sure have tried all our resources, where the source of irritation is nervous titillating in the throat I find a full dose of paregoric administered at bedtime not only palliative but curative. Mixed with warm water and sugar it is easily administered and perfectly harmless.

DR. S. E. BRUCE.

# JOURNAL OF ORIFICIAL SURGERY. CHICAGO.

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## THE FRIENDSHIP BETWEEN SURGERY AND MEDICINE.\*

Every doctor is or should be more or less of a surgeon, and every surgeon is or should be more or less of a doctor; and yet there are a great many doctors who shrink from surgical work, and there are surgeons who manifest small aptitude for prescribing. Those who are possessed of both medical and surgical accomplishments in their dealing with the sick may not take much interest in the present paper, for these do not recognize such a thing as rivalry between medicine and surgery. For them it does not exist, as they have a full appreciation of both. But ever since surgery walked out of the barber shop and sought friendship with medicine, those whose talents and tastes are completely absorbed in drug action, have had but small fellow feeling for their more daring medical brother who is ambitious to cut out disease.

It may not be evident to all, but to my mind the surgical tendency of recent years is toward a recognition of the influence which poisons play in the production and in the cure of disease, and the most extreme champion of drug action as the sole remedy for human ills can well afford to smile to himself and give the surgeon ample scope for the completion of his investigations. The introduction of the germ theory of disease has been a great bone of contention, not so much among surgeons as between surgeons and doctors; nevertheless in this same germ theory and its developments lies the hope of a grand professional reunion in which surgeons and doctors will fraternize as never before in the history of

\* Read at the Illinois State Homeopathic Association, May 8, 1900.

medicine. The ranks of the surgeons have been recruited in times past from the doubting Thomases in the practice of medicine. There is some leaning among doctors toward things of faith, religion and spiritual philosophy. But surgeons as a rule are inclined to be skeptical of the unseen and materialistic in their propensities. They have more faith in seeing than in perceiving, in demonstration than in intuition, in facts than in fancies. But this germ theory of disease has developed their philosophical tendencies, exercised their powers of perception, and is gradually leading them, in the peculiar manner which it is the purpose of the present paper to call attention to, to become doctors as well as surgeons, realizing at last that mechanical measures are not quite adequate to the cure of disease. It is for this reason that doctors proper can well afford to let the good work of bacteriological study go on in the calm assurance that the final results will be the opening of the eyes of the blind so far as surgical skepticism is concerned, and the establishment of a full appreciation on the part of surgeons of the great and valuable labors of those who have been mere doctors in medicine. Surgeons have been very ignorant of many important things which they are just beginning to learn, and on the other hand doctors have been grossly ignorant as well as intolerant of many things which the surgeon is now able to teach them. The appreciation of these facts and the mutual recognition of each other's merits and accomplishments will soon lead to a good-fellowship between surgeons and doctors, which is so much to be desired.

The field of observation for the surgeon was at first very crude and inadequate, for his various senses by which his observations were made were unaided, and it left much for him to puzzle over and guess at. But the use of the microscope and the discovery of bacteria have given surgeons something to think about, and they are at it. They have not only cultivated their powers of observation, but their reasoning faculties as well, and they are arriving at conclusions now that ought to gladden every heart devoted to *materia medica pura*.

In the first place modern surgeons are inclined to credit the bacterial origin of disease. Of course there are dissenters from this position, but they are certainly in the minority at the present time, and even that minority is rapidly dwindling. The whole army of surgeons, however, who have taken a deep interest in bac-

teriological studies are honest truth seekers, and while they have much to learn and differ greatly among themselves on many phases of the subject which are still unsettled, there is much absolute knowledge now at their command, and the farther they go in their investigations the more room they make for their medical brother, and the more tolerant they become as to what he has to say about what he can do to aid in curing the sick. In other words, the more acquainted they become with the advanced studies in bacteriology the more they find themselves in need of the knowledge which has been the pride and mainstay of the medical man proper throughout the history of medicine. Doctors then can well afford to cease their antagonisms to the germ theory of disease and watch with deep and trusting interest the evolution of the surgeon into the doctor, and at the same time perhaps be able to gather from the surgeons' investigations some additional knowledge of which they may be able to make use.

The logical and philosophical propensities developed by the constant study of drug action will certainly be helpful to the surgeons in solving their problems; and the doctors may be able to interest themselves, and to their advantage, in the great questions which at the present time are so completely engaging the attention of the surgeons.

Passing by the experiments and demonstrations which are calculated to prove to every student and observer the association of certain bacteria with certain diseases in the relationship of cause to effect, consider for a moment if you will the following proposition, which is held to be true by all students of bacteriology, and see if it does not contain ample ground, not only for thought and consideration, but for thorough satisfaction on the part of those whose hopes of curing disease are based on other measures than surgical practices.

This is the proposition: Bacteria require for their development certain well defined conditions, in the absence of any one of which their propagation becomes impossible. Indeed, if under favorable conditions bacteria become active, their activity will cease as soon as they are deprived of any one of these conditions, and will not again be resumed unless all of the conditions without exception are again favorable. Many forms of bacteria can be developed

in culture mediums outside of the living body. The conditions which such bacteria require for their development are as follows:

- 1.—Pabulum.
- 2.—Moisture.
- 3.—Congenial temperature.
- 4.—The proper gaseous condition.
- 5.—The proper chemical condition.

1.—Bacteria cannot exist without their appropriate pabulum, whatever that may be, differing of course with different bacteria, and at the same time presenting no great variety, the selection being commonly made between bouillon, agar-agar and gelatin.

2.—As large plants are unable to grow without a proper degree of moisture, so it is with these small forms of plant life, bacteria. Some degree of moisture is essential to their growth and propagation. Indeed, this is one of the reasons for the efficacy of dry dressings to wounds. They remove one of the conditions for bacterial growth.

3.—There are some plants that thrive best in the tropics, while others grow only upon mountain peaks close to the snow line. In the bacteriological world the several specimens of these species of very small plant life have each their own favorite temperature, without which they are unable to thrive.

4.—There are aerobic and anaerobic bacteria. That is, some require air for their development, while others are stifled by it. In either case they demand a congenial gaseous condition.

5.—After the same manner some bacteria require an acid, while others demand an alkaline atmosphere, and each class is arbitrary in its demands.

But the propagation of bacteria among the living tissues is not so simple a study. While the living body may be considered as a medium for bacterial growth, we must remember that besides the chemical nature, temperature, gaseous state, proper moisture, etc., which its tissues afford, micro-organisms when they invade living tissues have also to reckon with that mysterious thing, life itself, with which all bodies are endowed. Therefore, in addition to the five conditions just enumerated as essential for the study of bacterial activity in the laboratory, at least two other conditions are essential to their successful propagation in man and other animals:

First.—An avenue of entrance.

Second.—Susceptibility on the part of the subject.

First.—Avenue of entrance. The body inside and out is possessed of a complete armor of scales known as epithelium, which ward off bacteria as shingles, feathers and scales shed rain; so that wounds, abrasions or epithelial gaps from processes of ulceration in either skin or mucous membrane are necessary as avenues of entrance to the bodily tissues.

Second.—Susceptibility on the part of the subject. Just think of it. Bacteria may have gained entrance into the tissues, may have encountered an agreeable temperature, a proper moisture, the required gaseous and chemical conditions, and yet their development be held in check and absolutely prevented by reason of an uncongeniality on the part of the individual to their existence. This immunity to the action of bacteria upon animals is sometimes racial, sometimes individual. Domestic animals never suffer from typhoid fever, cholera, or other infectious diseases. Man, the cow and the guinea pig are peculiarly susceptible to tuberculosis, which the cat, dog and horse resist. Man, sheep, cows, rabbits and white mice are susceptible to anthrax, while birds and reptiles are generally immune. Negroes are rarely affected by yellow fever. Scarlet fever is said to be unknown among the Japanese, etc. These are instances of racial immunity. Individual instances of immunity are constantly exhibited in every community. Epidemics of scarlet fever, measles, whooping cough, smallpox and diphtheria, and all forms of pestilence must pick their victims, for it is true of every type of contagious disease that there are individual instances of immunity. In a family some of the children may die of scarlet fever, while others escape its invasion. The diphtheria bacillus may be found in the nostrils and throat, having lodged there by the inhalation of air laden with the germs, and yet finding no susceptibility on the part of the individual remain as harmless as dust. The tubercular bacillus meets an untimely death in many a nostril, because a lack of susceptibility antagonizes it and prevents its propagation.

This question of susceptibility, then, which is one of the essential conditions for the development of bacteria of all kinds, is a ground sufficiently broad for all medical men to meet upon. Here is a chance for mechanical doctors, who believe that a good wholesome circulation of the blood is an ample defender for the body against



bacterial invasion. Here is a chance for scientific dietetic study. Here is a chance for drug prophylaxis. Indeed, all branches of the healing art, in the realm of mind or that of matter, be it whatever force may be found to influence body quality, can tug away at this condition of susceptibility buoyant with the hope that by securing healthy activity throughout the organism one of the conditions upon which bacteria depend for their development, namely, that of susceptibility, can be so guarded against as to hold the entire horde of minute vegetations that are seeking bodily tissues for their nesting places at bay indefinitely. This question of susceptibility is the universal camping ground for all forms of medical practice, and whatever force or agent is able to render the living body immune to bacterial invasion, has a right to a scientific and respectful audience on the part of the entire medical profession.

I have referred to bacteria as minute forms of plant life. And I wonder if this fact, universally conceded by all students of bacteriology, enjoys popular appreciation. Bacteria are frequently called animalcules, a term which, while it is sometimes applied to minute forms of plant life, at the same time is commonly used to designate small animals, not to mention that the name itself is misleading. Bacteria are also vulgarly and familiarly spoken of as "bugs," and from the fact that they are known to be capable of producing disease and death among human kind, the popular press is fond of picturing them as ferocious beasts of a miniature type that simply lie in wait for human victims. It takes but a small stretch of the imagination to furnish them mouths with teeth, and feet with claws, and stings with poison. In all probability indeed, the common conception of bacteria is that of small animals which are possessed of motile power and an innate thirst for human blood. There is still another term which is legitimately applied by bacteriologists themselves to bacteria which favors also this common mistake, and that is the term parasitic.

Bacteria are said to be of two kinds: parasitic and saprophytic. Parasitic bacteria are said to feed upon living tissues; saprophytic upon dead organic matter. Now, the word parasitic, as it is commonly employed, brings to mind some form of bug or worm that bites and crawls and digests whatever living tissues it can lay hold of. Of course we can remember that there are parasitic plants as well as animals, and parasitic bacteria are no less botanical in their

make-up from the fact that they feed upon living tissues. At the same time the first meaning that comes to one's mind when the term parasitic is used, is of something that relates to animals rather than to plants. So if we would give bacteriological studies a proper appreciation, we must cease considering and referring to bacteria as bugs, and see to it that in all our thinking and speaking bacteria are referred to in such a manner as to give them their proper place in the vegetable rather than in the animal kingdom. The great varieties of plants encountered in the study of botany are not to be compared to the multitudes of varieties exhibited in the miniature world to which bacteria belong. But as throughout the vegetable kingdom, there are but comparatively few plants which are inimical to human life, so in this realm of smaller vegetations known as bacteria, there are but comparatively few varieties that are hostile to life. All these probably have not yet been encountered, but those which have been observed are but very few in number compared with the multitudes which are so harmless that they can impregnate the air and water and food which we are constantly taking in for our sustenance without having in the slightest degree any harmful effect upon our bodily tissues or functions. But some of these bacteria are inimical to life, and the study of their organizations, characteristics and antidotes becomes a matter of vital interest, not only to medical men, but to the entire human race.

Now plants do not act upon bodily tissues by their leaves, their bark, their fruit, or flower, or roots, but by the juices which these various parts contain. Plant extracts that are used for medicines are entirely devoid of all formed matter, and simply stand for essences. Surgeons have found the same to be true with reference to the small plants which they are so carefully studying, and which have been named bacteria. Bacteria themselves, according to all observations, are comparatively harmless, even when belonging to the groups considered dangerous to life. The mischief is accomplished by their emanations or extracts, which are now universally known as toxins.

It seems to me that the medical world ought not to be bewildered or confused or razzle-dazzled by the new name for an old meaning. This word toxins, which bears the stamp of modern thought in its outward dress, is nothing but a new name for the juice of small plants known as bacteria. When poisonous juices

are extracted from larger plants, the whole world has been accustomed to recognize them under the name of poisonous extracts. Toxins are in no way different. They are nothing but the poisonous extracts of bacteria. Now, bacteria are nothing but small plants. So that when surgeons start out to study the action of toxins upon living tissues, they are doing identically the same thing that Hahnemann taught us all to do, namely, proving drugs. The surgeon's way of studying drug action, however, and the common methods are quite different, and one of the objects of the present paper is to compare these two methods for the purpose not merely of showing their difference, but to give expression to some of the momentous problems involved in the new surgical departure of drug provings and preparations. It seems to me a wonderful step forward when the surgeons, the men who are so anxious to gauge diseases by physical standards, who are anxious to demonstrate to the satisfaction of their physical senses everything connected with it and to rely upon some tangible physical measure for its extirpation, should have been brought at last by their own investigations to the conclusion that it is poisons which induce disease and take life, and that antidotal poisons must be sought as a remedy. In plain language, surgeons in their bacterial investigations are merely studying plants and their juices with reference to their relations with diseases and their cure. What is this but the same old study which materia medica men have been engaged in from time immemorial? The fact that they call the venomous products of their plants toxins and make use of other menstrua for their dilution than alcohol and water and sac lac does not detract from or unsettle the plain fact in the case, that while they are still cutting and bandaging and splinting and manipulating as heretofore, and as they will always do, their latest accomplishment is an earnest pursuit of the study of materia medica. Their methods of investigation are quite different from what have heretofore prevailed, and in one respect contain an important lesson which can be employed to advantage by all students of materia medica, and that is that in preparing an antitoxin or juice of one of their microscopical plants for medical uses they select the identical specimen whose virulence has been tested. In this way they escape the disappointment of an inert drug. The moral of this example for the medical man is that every drug in his medical supplies should be identical with,

or rather, the very same drug with whose provings he is familiar. For illustration let us take the plant belladonna. Now some belladonna plants are more virulent than others, and each has peculiarities of its own. Indeed a change of soil or other conditions may render the typical belladonna plant completely inert. Now to prescribe belladonna successfully, for a belladonna picture as it has been painted by provings, a belladonna dilution should be selected from the extract of the same plant which supplied the medicine for the proving. In no other way can an inert belladonna drug and irregularities in belladonna action be avoided. And this illustration will serve for the entire materia medica.

Surgeons have found out that there is a great difference in the virulency of toxins of the same species, and what is true of these smaller plants known as bacteria is equally true of the large ones from which our ordinary drug supplies are obtained; so that the third attenuation of one preparation may in reality be stronger than the tincture of another preparation from the same plant variety, different individuals being selected. In consequence our attenuations are by no means accurate measurements of plant power, and there has been no practical test as yet with which to gauge the virulence of individual drugs as they are supplied by the market, except that of individual drug provings. To select a plant which by its petals and sepals and stamina and pistils and leaves and bark and root tells the plain story that it is a child of the belladonna family, make an extract of its appropriate parts, run up its various attenuations, and place it in the drug supply, is by no means a sufficient guarantee, no matter how honestly the work may be done, that when prescribed for the belladonna picture of disease, it will sustain its reputation. For it is not the plant whose provings have been recorded, and the changes of seasons and soils and other conditions may have so modified its qualities as to render its action as a drug uncertain, and therefore unreliable.

Now the surgeon, in his sterilized test tube, corked with cotton and partly filled with agar-agar, bouillon, gelatin, or other pabulum selected, obtains a pure culture of a plant known to be venomous. He filters its juices through unglazed porcelain, and calls the extract a toxin. With a sterilized hypodermic syringe he now proceeds to test its disease-producing power upon a well selected animal. After the animal is sufficiently recovered from the dis-

turbance caused by the hypodermic injection, he is subjected to another and larger dose, and this process is repeated until the animal becomes practically immune to the drug. The blood-serum of this animal is then known as an antitoxin. A fatal dose of the original toxin is then injected into a guinea pig or other small animal, and either immediately before or afterward the animal also receives an injection of a specified amount of the antitoxin. In this manner can the poisonous power of the toxin and the antidoting power of the antitoxin be accurately measured, so that when the surgical pharmacist bottles his antitoxin and labels it, its strength is measured not by attenuations, as is the case with the ordinary drugs of the pharmacist, but by its vital force in immunizing units, much after the manner in which electricity is measured by volts. While the medical man therefore may have an inert drug, or a peculiar drug, and consequently a disappointing drug, being extracted from an individual plant whose qualities have never been tested, the surgeon is employing an extract whose power has not only been accurately tested, but which can be most thoroughly relied upon. The surgeon's method however, is not without its unsettled problems. In preparing his attenuations, not with alcohol or water or sac lac, but with the juices of living animals, he has left the field of exact inorganic chemistry, and is studying the action of drugs in the midst of organic chemistry. His observations now are made in the great crucible of life itself. In the big world about us the fluctuations of heat and cold and sun and rain so modify the manifestations of life in both plants and animals over the entire face of the earth as to establish the seasons, in some of which life is everywhere entering into some form of physical expression, and in others of which its sleep is so profound as to simulate death itself. In the individual life of every animal fluctuating states of thought and feeling, cause the vital forces to wax and wane in equally varying conditions of activity. And through it all attractions and repulsions, likes and dislikes are working out the evolution of every living thing. Now the serum of an animal must take on the quality of the animal at the time of its extraction. And when surgeons discard the old well tried and reliable menstrua, such as alcohol, water and sac lac, for the preparations of their toxins or extracts and make use of living streams of serum, they are plunging headlong into deep psychological problems which

will be apt to puzzle their brains considerably before they are satisfactorily solved. Their immunizing units smack somewhat of scientific accomplishment, but they are by no means devoid of that uncertain element which goes to make up individuality in both animals and plants. And inorganic chemistry soon grows dizzy and loses its identity when it gets tangled up with the chemicals and affinities evolved by the life forces in man and animals. Nevertheless the germ theory of disease has done this much for the surgeons; it has forced them to the study of plant juices commonly known as extracts. The mere fact that they call them toxins, and that the plants which they are investigating are microscopical in character, and that they have eschewed the ordinary menstrua of the pharmacopeia, namely, alcohol, water and sac lac, does not in the slightest degree alter the situation. The study in which they are most deeply interested at the present time is nothing more or less than the old time worn problem of *materia medica*. But the effect of this awakening, however, will be salutary in another respect. It will help them to appreciate the influence which forces exercise in the human economy. They will learn that with their knives and scissors and caustics they cannot destroy disease, but only brush away a few of its ash heaps, and that to cure it is necessary to prescribe. They have encountered the great problem of susceptibility, and in their own processes of investigation. And, in the face of this great problem, they must lay by their scalpels and specula and other surgical instruments and in common with their medical brothers must think deep and long upon the unseen causes of things.

I wonder if this acknowledgment on the part of a surgeon who is no traitor to his brothers does not come as a glad message to the hearts of those of you who are purely medical men and render you more tolerant of the surgical tendencies of the times. You may never think well of the surgeon's pharmacopeia, and may shrink from the conception of the hypodermic syringe as a common way of drug administration. But time and experience will settle this question as it does all others, and the final summing up will certainly tend to the good of the world, as all evolution is invariably in the direction of desirable achievements. In the meantime let us all watch and wait and study with mutual patience and forbearance.

E. H. PRATT.

## THE OVIDUCT.

## ANATOMY AND PHYSIOLOGY.

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CHICAGO.

*(Continued from April number.)*

## SEGMENTS OF THE OVIDUCT—ANATOMIC.

The oviduct may be divided into the following seven distinct anatomic segments of much importance in practice:

NO. I.—THE UTERINE ORIFICE OF THE OVIDUCT—OSTIUM  
UTERINUM OVIDUCTUS.

The ostium uterinum oviductus (apertura uterina), or distal end of the oviduct, is not sharply marked, because the endometrium gradually contracts like a cone to meet the distal end of the endosalpinx. The basal end of the cone is directed toward the uterine cavity. The sphincter of the distal end of the oviduct hence possesses the shape of a cone, which facilitates catheterization.

The ostium uterinum is about one twenty-fifth of an inch in diameter, admits a hog's bristle, and is slightly distensible, hence it is seldom obstructed, as bodies which cannot pass through cannot enter. The opening is located where the broad ligament inserts itself into the horn at the border of the uterus, as at this point the longitudinal folds of the endosalpinx begin.

This sphincter quite effectually prevents the interchange of fluids between the uterine and oviducal cavities, aided materially by the rigid myometrial wall.

Though the distal oviducal sphincter has no fine line of demarcation, yet at this point the endometrial structures gradually lose their characteristics and the characteristic structures of the distal oviduct begin. The endosalpinx begins to show its short plaited folds in this conical sphincter. The ostium uterinum is located at the proximal lateral uterine angle, is not distensible, and hence is easily obstructed, as by inflammation or an admitted overgrown ovum. It admits a bristle through its small round opening.

The ostium uterinum may be compared with the horn of the mammal's uterus. The uterine opening of the oviduct occurs at

the junction of the proximal end of the pars uterina and the distal end of the isthmus, for it is at this point that the endometrium and the endosalpinx lose their identity. In other words, the characteristics of the endometrium and the endosalpinx begin at the sphincter uterina oviductus and diverge in opposite directions.

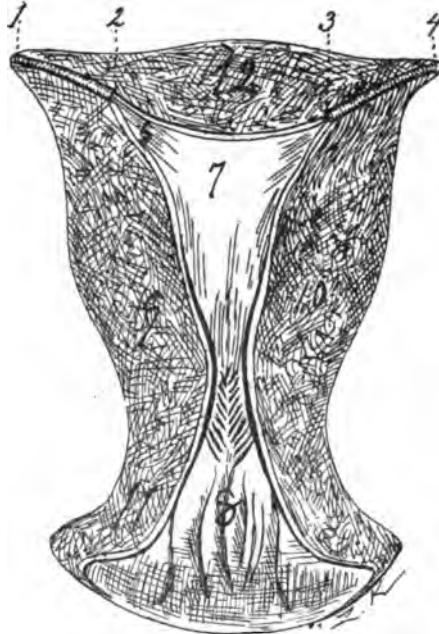


FIG. 1.—(Author.)

Illustrates another variety of intramural segment. 1 to 2 is the left and 3 to 4 is the right intramural segments of the oviduct. 5. The funnel-shaped process as it leaves the uterine cavity to become the uterine horn. 7. The cavum uteri. 8. The cervical cavity with its folds. 9 and 10. The corporeal myometrium. 11. The cervical myometrium. 12. The fundal myometrium.

The intramural oviducal segment is relatively long in this case. In drawing this cut a suggestion from Hennig was employed.

The horn is not so regular as it appears. In following a series of microscopical sections through the horn one finds that the (a) utricular glands are somewhat irregular, (b) the myometrial wall is irregular, and (c) occasionally utricular glands are displaced.

This uterus has the shape of a nullipara, especially as regards the horns.

So far as I can ascertain, it was Aran who first spoke of the sphincter of the oviduct. The ostium uterinum is a cone or funnel shaped process lying in the cavum uteri; to the naked eye its surface appears smooth, while with a strong lens it presents low parallel folds. Its orifice is a small round opening and in young nullipara represents a perfect cone.

The ostium uterinum opens into the cavum uteri, between the



fundus and corpus, without valve or folded projection, simply guarded by a rigid circular sphincter. It does not obliquely penetrate the uterine wall like the ureter in the bladder wall, but traverses the myometrium with a slight transverse curve. This uter-

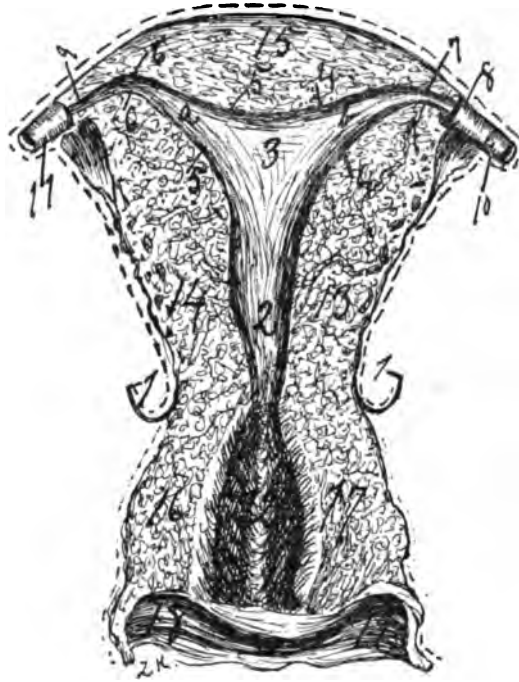


FIG. 2.—(Author.)

Illustrates the shape and course of the oviducal canal through the uterine horn. 1 and 1. Shows the peritoneum reflected proximally at the os internum, i. e., the body of the uterus alone is covered by peritoneum. 2. Distal end of cavum uteri. 3. Cavum uteri. 4, 4 and 5, 5. Points to the base of the cone of the uterine horn, i. e., the uterine orifice of the oviduct (a is in the right and b in the left horn). 6 and 6, 7 and 7. Represents the junction of the uterine orifice of the oviduct with the distal end of the intramural segment, the point of atypical mucosa between endometrium and endosalpinx. 8 and 9. Is the point of departure of the oviduct from the uterus; it is the junction of the proximal end of the intramural segment with the distal end of the isthmus. 10 and 11. Distal end of the isthmus. 12. Cervical canal. 13, 14 and 15. Corporeal endometrium. 16 and 17. Cervical endometrium. 18 and 19. Vaginal fornices (right and left).

This is a transverse vertical and longitudinal section of the uterus, showing its myometrium, cavity, uterine horn, and extent of peritoneal covering.

ine opening is often so fine that a bristle is made to penetrate it with difficulty. The uterine orifice of the oviduct is formed at the extremity of a short funnel-shaped cone which leads from the general cavity of the uterus into the upper and outer angle of that organ.

Between the endosalpinx and endometrium there is no abrupt

line of demarcation, both structures losing their characteristic structure at the point where they blend at the ostium uterinum. The endometrium possesses its peculiar capillary and glandular arrangement, while the endosalpinx shows its characteristics by presenting a slightly plaited condition of its mucosa. Hence the ostium uterinum oviductus is determined by a narrow circular band of non-characteristic mucosa located in the uterine wall at the distal end of the endosalpinx and the proximal end of the horn of the endometrium. The diameter of the uterine end of the oviduct is very narrow, hair-sized, and when the canal is opened longitudinally with a fine pair of scissors the orifice appears much larger than



FIG. 3.—(Author.)

Illustrates the orificium uterinum of the oviduct and the intramural segment by making serial sections of the uterine horn. 1. Median section. 2, 3, 4, 5 and 6. Shows the location and shape of the orifice through the uterine horn. At 6 the orifice is point formed. 7, 8, 9, 10, 11 and 12. Myometrium.

This cut was drawn by making sections of the uterine horn with a short knife.

it actually is, on account of eversion through muscular contraction. It must be admitted that the cone-shaped funnel and the actual diameter of the uterine end varies much in size in different individuals, for in some it is sufficiently patulous to admit a fine silver probe. The variation in size (especially the patulous condition) of the ostium uterinum doubtless accounts for an occasional disaster, through fluids injected into the uterus passing through the oviduct and finally reaching the peritoneal cavity. The ostium uterinum should be regarded as a part of the uterine cavity. The disasters are caused by chemical or infective fluids gaining access to the peritoneum, as air or sterile fluids do not damage the peritoneum. The ostium uterinum should be anatomically and physiologically recognized, as pregnancy may occur in the most proximal

part of the horn, and the definite anatomic location of the ovum indicates the application of surgical intervention.

Some consider the cone or funnel shaped process, i.e., the uterine horn, as the ostium uterinum (which is really a portion of the cavum uteri), while others consider the proximal end or point of this cone-shaped process (horn) as the ostium uterinum. In other words, some regard the ostium uterinum as a point or fine circular line, while others as a distinctly visible shaped cone.

Anatomic and physiologic, the sphincter uterina oviductus may be line-shaped or zone-shaped. It would perhaps be more scientific to consider the uterine oviducal sphincter as located at the proximal end or point of the uterine horn, as at this point there is (a) the narrowest lumen between oviduct and uterine cavity; (b) the endometrium ceases its characteristic glandular structures on the distal side of this point; (c) the endosalpinx begins its characteristic plaited folds proximal to this point, and (d) at the proximal end of the uterine horn, or distal end of the pars uterinum, there is an atypical or non-characteristic circular band of mucosa, which is the real junction of the uterus and oviduct, the blending line of glandular endometrium and plaited folds of endosalpinx.

After considerable serial sections of the uterine orifice of the oviduct we may say that: (a) the curve of the horn is very variable, not only in nullipara, but especially in multipara; (b) the utricular glandular layer varies in thickness as it surrounds the uterine horn; (c) from our serial sections it appears that the utricular glands decrease in size as they progress proximalward in the horn; (d) the uterine horn retains to a certain extent its myometrial structure and arrangement until it reaches almost its proximal end; (e) toward the proximal extremity of the uterine horn the powerful circular muscular layer of the oviduct begins to form, while the longitudinal fibers begin to disappear; (f) as the uterine orifice (horn) of the oviduct approaches the distal end of the oviduct the utricular glands begin to disappear irregularly and displacements of the utricular glands occur adjacent to the junction of the uterine horn and intramural segment of the oviduct. Besides, gradually the mucosa begins to assume the peculiar parallel folds found in the distal end of the endosalpinx.

It is perhaps possible that the ovum might lodge among the irregularly disposed utricular glands adjacent to the junction of the

distal end of the oviduct and the proximal end of the uterine horn, and by its growth cleave the myometrial layers asunder. In passing proximalward in the uterine horn the peculiar subepithelial tissue of the endometrium retains its characteristics until it reaches

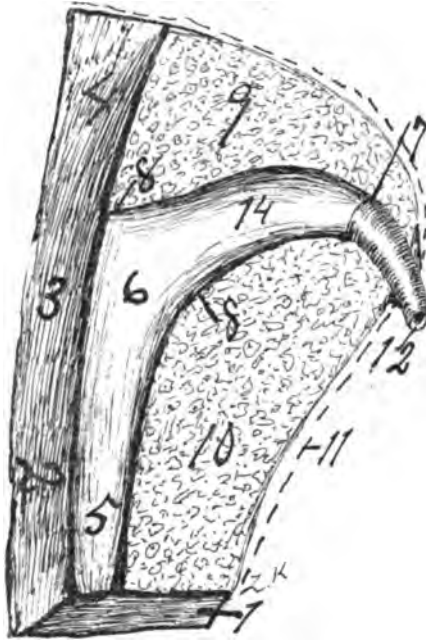


FIG. 4.—(Author.)

Illustrates the uterine horn and intramural segment of the oviduct. 1. Distal segment of the uterus, cut horizontally. 2, 3 and 4. The cut surface of the myometrium. 5 and 6. Represents the free surface of the endometrium. 14. The free internal surface of the uterine horn. 8, 8. The distal base of cone of the uterine horn or orificium uterinum oviductus, i. e., the uterine orifice of the oviduct. 7. Is the junction of the uterine end of the oviduct and the intramural segment of the oviduct, i. e., a point of atypical mucosa. Endosalpinx joins endometrium. The oviduct (intramural segment) takes a lateral and distal direction through the myometrium. 9. Fundus. 10. Corporeal myometrium. 11. Peritoneum. 12. The oviduct as it departs from the uterus.

This cut drawn from sections of my own specimens represents quite accurately the course of the uterine horn. In some uteri, however, the course and shape of the canal through the uterine horn varies considerably. This cut is drawn from a microscopical section of one of my own specimens.

the distal end of the oviduct, when it suddenly lessens and assumes the oviducal characteristics. The line of atypical mucosa lying between the distal end of the endosalpinx and the proximal end of the uterine horn is not very broad, yet it possesses width sufficient to show irregularity.

NO. 2.—THE INTRAMURAL OR UTERINE SEGMENT OF THE OVIDUCT  
(PARS UTERINA OVIDUCTUS).

The pars uterina oviductus, the intramural or interstitial part of the oviduct, is that segment marked off by the thickness of the uterine wall. It traverses the myometrium in a slightly curved direc-

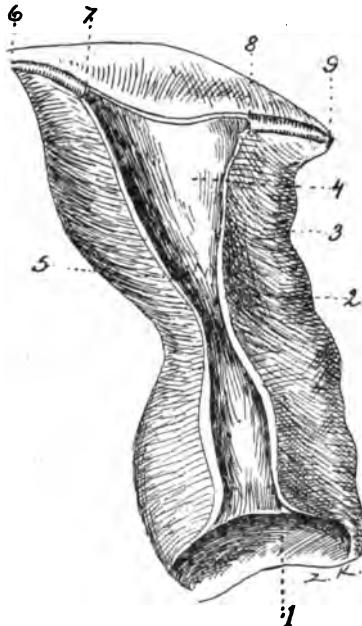


FIG. 5.—(Author.)

Is a cut to illustrate the intramural segment of the oviduct. 1. Cervix. 2. Constriction of uterus at internal os. 3. Body. 4. Cavum uteri. 5. The edge of the section cut out of the uterus to expose its cavity. 6 to 7 is the right and 8 to 9 is the left intramural segment of the oviduct.

This is drawn from a suggestion of Hennig. (A parous uterus.) The intramural segments are slightly exaggerated.

tion with the concavity distalward. It is the uterine segment of the oviduct. The intramural portion of the oviduct will vary in length according to the thickness of the uterine wall, however, since the oviduct traverses the wall in an oblique direction its length varies with the form of the uterine horn. The intramural portion is best traced by an injection or by a section down to the oviduct, where it is observed as a white cord surrounded by the darker myometrium. A colored injection shows the infundibuliform shape of the ostium uterinum (a part of the uterine cavity) and the curved direction of

the intramural segment as it traverses the uterine wall. The oviduct should be considered to begin at the internal surface of the myometrium (uterine horn) and the infundibuliform depression in the endometrium, known as the ostium uterinum, should be regarded as a portion of the uterine cavity, in other words, the uterine horn, which in multipara presents a perfect cone. The form and

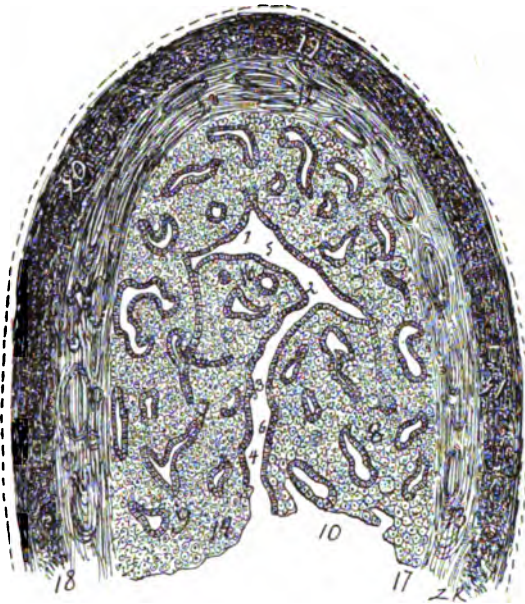


FIG. 6.—(Author.)

A SECTION OF THE BEGINNING OF THE UTERINE HORN.

This is one of a number of serial sections of the uterine horns. The distal portion at 10 and 14 passes into the cavum uteri, so that the distal segment of the horn is incomplete. 1. Proximal lumen of horn. 2. Shows bulging of the endometrium into the cornual lumen. 3, 6 and 5. Show the single layer of corneal epithelia. 4. Is distal lumen of horn. 7 and 8, 14 and 17. Point to the embryonal tissue of the cornual endometrium. 9, 10 and 15. Point to cornual utricular glands, which do not show the regularity that is noted in the corporeal endometrial glands.

Also we do not observe the superficial straight layer and the fundal sinuous layer so distinctly marked as in the corporeal utricular glands. 11, 12 and 13. Shows uterine muscles surrounding the endometrial horn. 22, 23. Points to vessels in the cornual myometrium. 18, 19, 20 and 21. Points to myometrium, rich in vessels.

size of the oviduct in the uterine wall is of considerable importance on account of the so-called interstitial or intramural pregnancy. If the ovum becomes lodged in the narrowest point of the intramural oviduct and lives, intramural pregnancy (*graviditas intramuralis*) will occur in the myometrium and cleave its layers asunder, as I have observed specimens in Mr. Tait's museum. On transverse

section, with a lens, the surface appears smooth, with low, sharp, parallel folds projecting into the lumen, and converging toward the distal end of the isthmus. The intramural segment of the oviduct represents the uterine horn of lower mammals. The peculiar white color of the pars intramuralis contrasts strikingly with the surrounding darker myometrium.

It courses in the uterine wall from the infundibular-shaped commencement, first proximalward and second lateralward, third it courses horizontally, and fourth the oviduct finally passes distalward, and forming with its first segment a direction perhaps an angle of 60 degrees. The pars intramuralis concerns four important factors, viz.: (a) it may be the seat of intramural pregnancy—*graviditas intramuralis*. In such case the fetal ball in the uterine wall will act similar to a myomatous nodule, it will grow in the direction of the least resistance and become intramural, sub-mucous or sub-serous. *Graviditas intramuralis* is very rare. (b) It must allow the ovum to pass from the oviduct (*receptaculum seminis*) into the *cavum uteri*. (c) It must allow the spermatozoa to pass from the *cavum uteri* to the cavity of the oviduct. (d) In *sactosalpinx* it may allow fluids to pass into the *cavum uteri* according to its caliber. (e) It may allow fluids to pass from the uterus to the oviduct while practicing the use of the syringe. As a matter of fact, fluids do occasionally pass the pars intramuralis in practice. The intramural segment of the oviduct opens distally into the funnel-shaped ostium uterium and proximally into the isthmus. It is the narrowest segment of the oviduct, which is still further narrowed by longitudinal mucal folds. The pars uterina, though surrounded by the myometrium, can be clearly recognized by its own muscular layer, which appears as a single ring (muscle) form. Longitudinal muscles do not appear to be present in the pars uterina. The endosalpinx of the intramural segment consists of a thin layer of round cells, with a covering of cylindrical ciliated epithelia. By observing the intramural portion of the oviduct it will be seen that the tissues of the uterine wall gradually decrease or thin out from the distal to the proximal end of the segment. Finally all the myometrial substance ceases and the oviducal tunics alone exist. The folds of endosalpinx in the uterine segment of the oviduct by wide distension disappear.

## SYPHILIS OF THE NERVOUS SYSTEM.

CHARLES SINCLAIRE ELLIOTT, M.D.

KANSAS CITY, MO.

*(Continued from April Number.)*

**Symptoms.**—Symptoms of syphilis of the nervous system are of the most varied character. There is probably no symptom of any known nervous malady, functional in character or due to an organic lesion, which may not be occasioned by syphilis; yet, however, they usually have certain characteristics which distinguish them from the same affections due to non-syphilitic causes.

**Headache.**—Headache is the most common symptom. It is present in more than half of all the cases suffering from syphilis of the nervous system. It varies in character, position and intensity in different cases. It often exists for years before other symptoms manifest themselves. It is usually continuous, but at times more intense than at others. This period of aggravation is usually at or toward night, and less frequent in the afternoon or morning. It usually suddenly ceases upon the appearance of a convulsion or of paralysis.

**Insomnia.**—Marked insomnia, usually at onset, lasting a few weeks, in connection with headache, is a frequent symptom, and it usually disappears upon the appearance of a convulsion or paralysis. It differs from the insomnia of neurasthenia and melancholia in that it occurs in the early part of the night, the patient arising in the morning, seemingly, with no ill effects from loss of sleep.

**Vertigo.**—Vertigo, occurring usually with the headache. It may be transient, but usually becomes worse as the disease progresses.

**Coma.**—Coma is occasionally observed in syphilis, and may extend over days or even weeks. Coma or a semi-comatose state of long duration, occurring between thirty and forty-five years of age, which is not traumatic, meningitic, diabetic, nor nephritic in origin, points strongly to syphilis, especially if there is a history preceding it of headache, mental confusion, numbness and paresis.

**Tremor.**—Tremor is present in about one-half of the cases. It occurs most often, in the order named, in the hands, tongue, and over the whole body, and is accompanied by headache. If it occurs in a limb, it is the precursor of paralysis of that limb.



**Convulsions.**—Convulsions appearing for the first time in persons over thirty years of age, and not due to traumatism or other demonstrable cause, should give rise to grave suspicion of intra-cranial syphilis, especially if severe headache has immediately preceded the convulsive outbreak, and this headache abates or disappears when the convulsions come on.

**Paralysis.**—The paralysis may be of the type of monoplegia, hemiplegia, or more rarely a paraplegia.

The premonitory symptoms of a "paralytic" or "apoplectic" stroke are headache, vertigo, mental confusion, drowsiness, indistinctness of speech, numbness and some slight loss of power on the side to be affected.

The attack may, but rarely does, come on slowly; it is usually sudden, and rarely is there total loss of consciousness. There is one feature that is markedly characteristic of a syphilitic palsy, and that is its incompleteness. The motor function of the paralyzed part is not entirely destroyed, nor is sensibility entirely lost. The patient is paretic, paresthetic, but there is no true paralysis or anesthesia. He gets better and he gets worse, and better again, and often the paralysis disappears rapidly. Those cases of paralysis, however, due to a rupture of a large blood vessel at the base of the brain, present the same symptoms and run the same course as when due to vascular disease consequent upon the ordinary degenerative processes of advancing years; also a hemiplegia, or intra-cranial syphilis due to a lesion of the internal capsule presents the same symptoms and runs the same course as a non-syphilitic lesion of that structure would.

The monoplegia of intra-cranial syphilis is almost invariably due to a cortical lesion implicating one of the centers of the motor area. The leg or the arm may be first affected, with or without previous numbness or tingling of the extremities before the attack.

Hemiplegia produced by a cortical lesion usually begins by a monoplegia which gradually emerges into a hemiplegia.

Hemiplegia in a mild form, due to syphilis, may come on and disappear rapidly several times without an appreciable exciting cause.

Several partial hemiplegic attacks may occur and pass off without a true paralysis, or a final severe attack may leave the patient temporarily or permanently paralyzed.

The sensibility of the paralyzed side is usually preserved or is less affected than the motility, although loss of sensibility, motion being preserved, occasionally occurs.

Paralysis of the face sometimes comes on and lasts a few days before the limbs are affected.

Paralysis of one or more of the cranial nerves is produced by a lesion at the base of the brain, and this lesion is most frequently found over the optic, the olfactory, or the motor-oculi nerves. Any of the cranial nerves, however, may be paralyzed; but those above the eighth are rarely ever affected. The ocular nerves are especially liable to be affected; the facial is, as a rule, exempt. Paralysis of one or more of the oculo-motor nerves associated with hemiplegia is diagnostic of cerebral syphilis.

A cerebral paralysis following a spinal lesion, with a period of health intervening, is almost certainly syphilitic in origin. Aphasia with a left hemiplegia is always strongly diagnostic of syphilis. Ptosis, associated with monoplegia or hemiplegia, points nearly always to syphilis. Hemiplegia in persons under forty-five years of age is likely to be syphilitic. Syphilitic paralysis rarely appears until several years after the chancre, but may appear as early as one year after or even sooner—six months.

Epilepsy.—Syphilis may give rise to epilepsy. This type of epilepsy may result from local irritative thickening of the membrane, from local gummatous growths pressing upon or growing into the surface of the brain, or to some vascular lesion of a specific kind.

Syphilitic epilepsy most often partakes of the type of partial epilepsy. There is an incompleteness about the attack. It is not a true epilepsy. It usually begins with convulsive movements upon one side of the body. The convulsions occur, oftentimes, many in quick succession, the intermission between the series of attacks being comparatively long. But during this period headache or other nervous symptoms exist or become aggravated, contrary to what obtains in idiopathic epilepsy. The duration of an attack of syphilitic epilepsy is usually much longer than that of idiopathic epilepsy; in the former being often half an hour or even longer, while in the latter varying from five to fifteen minutes. Consciousness is rarely, if ever lost. There is no epileptic cry; rarely an aura, and the knee-jerk is exaggerated. Syphilitic epilepsy usually occurs after the twenty-fifth year of life, in patients who have not had epilepsy in

early life. If a middle-aged man who has had syphilis has a series of epileptic fits, not associated with injury or alcohol, it is probable that syphilis is the cause. Syphilitic epilepsy is liable to be associated with or followed by some form of paralysis; also there is great impairment of memory and general malaise after the attacks.

In rare instances there are cases of syphilitic epilepsy which resemble in all respects true epilepsy. In such cases, the age of the patient and the history of syphilitic infection are the only points upon which to base a differential diagnosis.

**Focal Syphilitic Meningitis.**—Focal meningitis may occur alone or be associated with gummata. It may affect the convexity of the brain, but is more usually confined to its base, surrounding and compressing the cranial nerves, and gluing together the various membranes.

In meningitis of the base, the cranial nerves, one or more, may be pressed upon, causing neuralgia or paralysis according to the functions of the nerve involved. When the convexity of the cerebrum is the seat of the inflammation, there is more apt to be convulsive movements of certain muscles or groups of muscles.

Headache is an early and almost constant symptom of syphilitic cerebral meningitis, and in the basal form it is usually felt deep in the cranial cavity. The headache is often associated with vomiting, and its severity may interfere with sleep, though cerebral syphilis may cause insomnia independently of the cephalgia. Drowsiness is a common symptom, and delirium may also occur.

Severe and obstinate neuralgia of the fifth nerve may result from a syphilitic meningeal inflammation or exudation at the roots of this nerve, or from inflammation or pressure along its course.

One or more of the ocular nerves may be paralyzed, causing ptosis, strabismus, diplopia, etc. When the inflammation is at the base, all the parts supplied by the facial nerve, that is, both the upper and lower part of the face, may be affected; when it is over the convexity, it is the lower part of the face alone that is chiefly affected in most cases.

Inequality of the pupils is a very frequent and most important symptom; it occurs in inflammation of the convexity as well as the base. Rigidity of the pupils to light is also observed in basal syphilitic meningitis. One of the earliest symptoms of the nervous manifestations of syphilis is complete immobility of the pupils.

**Mental Disorders.**—Syphilis may produce mental disorder by causing loss or destruction of nerve-tissue, such as organic dementia; or it may cause disorder of nutrition and function, which may lead to any one of the various forms of insanity.

Mental symptoms are exceedingly varied, ranging from slight loss of memory and impairment of judgment to complete dementia.

In some cases there may be merely an emotional disturbance, shown by a tendency to laugh or cry from insufficient cause; to become gloomy and despondent, occasionally exalted; to show great peevishness and irritability of temper; to get hypochondriacal and hysterical; to evince dullness of perception, weakness of intellect; forget words and names, and what they themselves have done the day or even a few hours before; talk slowly, accept ideas with unwonted deliberation and delay, and deliver them with still greater slowness and lack of vigor. In this class of individuals if the cause, syphilis, is early recognized and energetic anti-syphilitic treatment instituted, thereby checking the ravages of the syphilitic poison, complete recovery will be the rule.

In other cases the mental impairment may reach the stage of a simple dementia. The patient's expression is silly; he is childish; he laughs without cause; he may be irritable and emotional; he may lose his way on going out; he cannot recall the names of friends; may be suspicious; thinks everyone is trying to harm or cheat him. This state of mental weakness may gradually clear up; or again it may remain unchanged for years, neither getting better nor worse; the patient's general health being good and the bodily weight often increasing. It is an unfavorable sign, in these dementias, when the bodily weight increases and there is no corresponding improvement in the mental condition. In other cases, however, there may be at any time an apoplectic fit, and this followed by rapid dissolution of the mental faculties, ending in complete dementia.

In still other cases the mental disorder partakes of the type known as paralytic dementia or general paralysis of the insane. It differs from paralytic dementia in the absence of lucid intervals and extravagant delusions of grandeur, and by the fact that its course is of much longer duration and not characterized by the same tendency to remission. There are cases, however, of cerebral syphilis which cannot be distinguished from general paresis—presenting all the characteristics of a true paretic dementia, such as inequality of the

pupils, tremulousness of the tongue and the facial muscles, speech indistinct, clipping of words, stupidity, delusions of grandeur, awkward shuffling gait, and later general paresis. There is, therefore, no means of diagnosing this type of dementia from that of paralytic dementia, except by the history of the earlier symptoms of the case, or of a syphilitic infection.

**Spinal Syphilis.**—Syphilitic disease of the spinal cord is not met with as frequently as syphilitic disease of the brain. The typical syphilitic disease of the cord is that known as Erb's disease—a spastic paraplegia. The disease begins, as does all syphilitic diseases, gradually. There is a gradually increasing weakness of the lower limbs, which progresses steadily to a well-marked condition of paresis, and later paralysis. There is early exaggeration of the tendon reflexes, a gradually increasing contracture, and generally this is followed by atrophy of the paralyzed muscles to a more or less degree. Sensation may or may not be impaired. Many cases, however, even though general sensibility is not affected, are troubled with rheumatoid pains or aches in the back or legs. The bladder is usually impaired in function—the water hard to start, and then passes very slowly. Sexual power is usually diminished or entirely lost. There are no mental symptoms as a rule, with the exception that the emotional faculties, as is the rule in most cases of general syphilization, may be excited or depressed.

**Syphilis of the Peripheral Nerves.**—Syphilis affecting the peripheral nerves may cause neuralgia, or neuritis of the simple or multiple type, but they are not distinguishable by themselves from the non-syphilitic forms.

**Hereditary Syphilis.**—Inherited syphilis has no primary stage; its first manifestations being that of the secondary or tertiary stage, that is, its first symptoms being those of constitutional syphilis. Usually the signs of inherited syphilis develop early in life, though it is not uncommon for them to be first detected at the period of puberty, or even later. The same cerebral changes occur in the hereditary as in the acquired form of syphilis. It rarely, if ever, affects the spinal cord.

**Diagnosis.**—The nervous manifestations of diagnostic value in syphilis are:

1. Headache that returns at a certain time in the twenty-four

hours, most frequently at or towards night, and which abates or disappears if a convulsion comes on or if paralysis appears.

2. Paralytic or convulsive symptoms that have been preceded by headache and insomnia, when the headache and insomnia have suddenly ceased upon the appearance of paralysis or convulsions.

3. Convulsions in the adult which have not been preceded by convulsions in infancy, and are not of traumatic or nephritic origin, or due to pregnancy, or occur in an individual subject to migraine.

4. Hemiplegia in an adult under forty years of age, even when there has been no preceding headache and insomnia.

5. Insomnia, nearly always associated with headache, and disappearing with the appearance of convulsions or paralysis.

6. A comatose condition extending over days or weeks, not traumatic, meningitic, diabetic, or nephritic.

7. Vertigo, occurring usually with the characteristic syphilitic headache.

8. Ptosis, occurring suddenly.

9. Tremor, present in one-half of the cases.

10. Erratic distribution of paralysis, as aphonia with or without hemiplegia, ptosis; insanity or epilepsy with paralysis of one arm or leg.

11. Paralytic symptoms that are incomplete, slow in onset, unaccompanied by unconsciousness and which quickly improve or disappear.

12. The presence of great weakness and mental dullness. This is one of the most valuable of nervous manifestations of syphilis, being out of proportion to the seeming condition of the patient.

Prognosis.—It is claimed by many that the syphilitic poison is never entirely eradicated, but remaining in the system, although shorn of its power to produce distinct symptoms peculiar to itself, yet laying the foundation, direct and by hereditary transmission, for a large number of the infectious and dyscratic diseases, such as tuberculosis, lupus, cancer, tumors, rickets, spinal curvatures and many other chronic diseases. As Keyes graphically says: "Syphilis, once acquired, stamps its impress upon the individuality of the patient, and becomes a part of him, and no power on earth in a given case can say when that impress disappears. A half century may pass away and the trail of the serpent be still visible. This is a fact, and as such must be recognized." The above quotation is the

possibility of the duration of the effects of syphilis, yet the probability of the disease in most cases, however, is that its manifestations will disappear finally after a few years, and this under intelligent management becomes almost a certainty. In those cases, however, where the syphilitic lesion has caused destruction to nerve cells and fibers, and as nerve tissue cannot be reproduced, often irreparable damage remains. In such cases all that can be hoped for is to arrest the disease and prevent further destruction. In many cases in which there have been organic lesions, functional disorders, more or less pronounced, remain behind. The prognosis is necessarily unfavorable if the disease has gone on to softening or degeneration of the brain or spinal cord, as in dementia and spastic paraplegia. Those cases, however, in which the disease has not passed beyond the state of functional irritation can, as a rule, be checked and held in abeyance; also the prognosis is better as long as the process is extra-cerebral, that is, in the meninges and nerves and not of the vessels.

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### SOME THINGS THAT WORRY ME.\*

JULIA HOLMES SMITH.

CHICAGO.

I owe an apology to this society for the phrasing of the topic presented. Dr. Grosvenor called me up by telephone demanding that I should write a paper for his bureau, and without a moment's delay after my acceptance inquired the subject. "Well," I said, "there are a good many things which worry me, and perhaps I had best look them up and so make a study of them." "That's a very good plan," said the doctor, and the matter passed out of my mind until I received the announcement of the state meeting and realized that my careless answer had been accepted as the topic of my paper. Really, obstetric emergencies, or obstetric annoyances, might have sounded better. However, to proceed:

First. The occurrence of a hemorrhage during labor, not due to placenta previa, has often caused me great annoyance and been a source of anxiety to the patient. This condition cannot be anticipated and requires only the coolness of the accoucheur, who must assure the patient that the condition is not necessarily dangerous,

\* A paper presented before the Illinois Homeopathic Medical Association.

and yet it is the duty of the doctor to hasten labor as much as possible.

Second. The presence of a cyst of the amnion. This troublesome condition goes unrecognized during the latter weeks of pregnancy, even when the doctor has made the examinations which are part of his service previous to labor. Perhaps about two weeks before the date of confinement the patient is surprised by a discharge of hot, gelatinous fluid from the vagina, which comes with a gush, and afterwards dribbles day by day. It goes without saying that at the first discharge the nurse is summoned, who, from this symptom, declares that labor has begun. The cloths have been set aside, the vessel containing the discharge emptied, and until the doctor makes his digital examination, he, too, from all reports, may be of the opinion that the labor has set in, in a fashion "hind side fore." However, one can be sure that the regular amniotic fluid has not been discharged by an examination, when the uterus will be found as large as usual, the os unopened, perhaps the cervix still in evidence, and palpation reveals the presence of a proper amount of fluid and the movable fetus. There is absolutely no treatment for this condition except to keep the patient in good cheer, advise the wearing of protectors, and, in my experience, such an accident has never in any fashion complicated parturition.

Third. Delayed placenta. Naturally the question arises as to what is exactly the meaning of the term "delayed." The hurried obstetrician who avails himself of a liberal construction of the text book's rule "do not interfere until twenty minutes or a half hour has elapsed" is very likely to make traction on the cord, use Crede's method of expression, put the child to the breast, suggest change of position, and does a dozen nonsensical things, while the patient is wearied from the efforts of the first and second stages of labor. Finally, he plunges in where angels should fear to tread, thrusts the hand into the uterus, removes the placenta, and it is only good luck and not his good management if there are no after complications which give to the gynecologists rich harvests. It seems to me that the third stage of labor demands infinite patience, the entire courage of one's convictions, and a firmness of purpose which can alike inspire confidence in the patient and subdue the impatience of the nurse. So long as there is no hemorrhage, pulse and temperature good, just so long nature may be left unaided. There are cases on



record of natural delivery of the placenta after days of waiting—but that I could not advise.

Fourth. Abnormal shortening of the funis. This will cause very severe pain, unsatisfactory contraction, and is a condition difficult to recognize until after the head of the child is born. I have had only two or three experiences of the sort, and while each case resulted satisfactorily, I confess to a grave anxiety when amniotic fluid, child and placenta, in spite of our best efforts to the contrary, come with a rush. In the three cases there was perineal laceration, regrettable, but certainly unavoidable.

Fifth. Lastly and most to be regretted is the inability of mothers to nurse their children. It is a pathetic fact that a very large proportion of American mothers are bad wet-nurses. Indeed, as I have written before, I maintain that 999 out of a thousand, or at least nearly that proportion, of American born women are unfit, either from lack of milk or from neurotic dyscrasias or overwork, to be the wet-nurses of their own children. The maternal instinct is strong, the aspiration to be the nearest and dearest to the infant is certainly in the heart of most women, and in my experience it is the exceptional mother who simply for the pleasures of life denies herself the pleasure of nursing. But the stress and strain of social demands upon the ladies of the leisure class, who do whist in the morning, euchre in the afternoon, receptions and balls and clubs galore, so exhaust their nervous vitality that if there is milk in the mammary gland it is not of a perfectly nutrient character, and insomnia, fretfulness, acidity of the stomach, constipation, marasmus, possibly rickets, are the result of exclusive nutrition of the child by the mother. The same condition is true of the over-worked laboring woman, who must get her husband's breakfast, clean up her house, deposit her baby at a creche and be at her daily place of service at eight o'clock. Surely the methods of our foreign friends are much better. The people who can afford it in England have wet-nurses for their children, and in France the foster mother is a potent factor in the development of the child. The torment of non-nursing mother, the fretfulness of the baby, the various methods by which the nurse tries to prepare artificial food as near the mother's milk as possible, these make the lying-in chamber to the obstetrician very often a place of sorrow. I believe that there should be a decided change in the education of young girls, so that the dignity

of maternity and the holiness of maternal duties may be so glorified and magnified that no woman will enter upon the married state until she is willing to meet its emergencies and responsibilities, and until she is able to rejoice in the possibility some day of singing at the birth of her own child a Magnificat.

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## ANNOUNCEMENT.

The next clinic in orificial surgery will be held on Muncie Island, in the amphitheater of the Seaside Sanatorium, during the week beginning July 9th.

Some new features have been added to the course this year, which make it even more desirable than heretofore. This is a rare opportunity for work and play, which all those who are interested in the progress of orificial work, and who at the same time would avail themselves of a delightful vacation without additional cost, should embrace.

This is the fourth annual orificial class held on Muncie Island, and those who have enjoyed the previous classes will need no further particulars to secure their attendance than a mere announcement of the date. Those who have missed these opportunities for improvement will wish further particulars, which they can obtain from Drs. Muncie, 119 Macon Street, Brooklyn, N. Y.

# EDITORIAL DEPARTMENT.

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## SERIES OF IMPERSONATIONS.

IMPERSONATION NO. 12.—THE CONSCIOUS MAN.

LADIES AND GENTLEMEN :

Agreeable to appointment, I am here to meet you. Now, while I esteem it the opportunity of my life to have audience with you, and I am all ready to do my very best to prove myself worthy of your attention, I have an agreeable surprise for you. At the commencement exercises of the Chicago Homeopathic Medical College, held in Studéaker's Hall on the 26th of April last, I heard a speech by an eminent clergyman by the name of Rondthaler that has so little of the common orthodox religious flavor and was so replete with good wholesome common sense—that is good for everybody—such a fine exposition, in other words, of some of the fundamental laws of spiritual physiology such as the editorial department of this journal has stood for so many years, that I have decided to present his address to you instead of my own autobiography on the present occasion and congratulate you at the same time upon the privilege to you which the change involves. If Dr. Rondthaler's address does you as much good as it has done me I shall be very glad.

Please do not think that I am giving up my claim to your attention later on, for I assure you that just as soon as the editor of this journal will let me, I shall meet you and do my best to rival the impersonations of my brother shapes which you have already listened to. I promise you that you will have the opportunity to listen to my little say before the summer is over—probably in July. Now give attention, please. Here is what the good doctor says—no preliminaries, if you will notice, but just business from the start—just like the spiritual “cyclone” or “McGovern” that he is :

## WORDS TO THE GRADUATES.

REV. J. A. RONDTHALER.

CHICAGO.

The doctor comes so close to us that he needs to be a man extraordinary in manliness.

We do not weigh the man of whom we buy our groceries with the same accuracy that we measure him who comes into our home to preside over our bodies. We expect more of the doctor as a man than we do of the baker. In trade we scan most critically a man's wares—if they are genuine and good and suit us, and the price is what we think it ought to be, that is enough. But when we select the doctor, character counts a good deal in the deciding choice.

Of course, character counts everywhere, but it counts more in the degree of your personal relations.

You exchange commodities with a man and then separate, each sailing on his own course. But the doctor comes so close to you, and sometimes stays by you so persistently, that he needs all the virtues of manliness to make him bearable, companionable and trustworthy.

Now, I am not contrasting character in the doctor with skill, ability and talent in his profession. I do not say that so far as the doctor's actual work is concerned it is of more importance that he should be a good man than that he should be a skillful surgeon, or that generosity is worth more than aptness in a diagnosis, or that morality is of greater value than the *materia medica*.

There is no question of comparisons here at all. Why should there be? Of course we select the doctor first of all for what he can do for our bodies. Nothing will make up for lack of professional ability, whether the virtues of a saint, the morals of Marcus Aurelius, the benevolence of a Wilberforce, or the sympathy of a John Howard. But if, in addition to his professional skill, he is a man in the high sense, then he stands forth as the ideal of one of the noblest occupations in this world of ours.

I do not subordinate skill to character, neither do I place virtue as second to ability. I do not know much of the anatomy of birds, and in this presence one must be careful of his anatomical

illustrations; but I think a layman is safe in saying that so far as flying goes, the left wing of a bird is as important as the right—a bird will not fly very high with only one wing. It would be foolish to contrast the importance of one wing with another. So it is with the doctor in his flight toward success and eminence in his profession—the one wing of ability is as important as the other wing of character. So far as skill and ability go, I must take the doctor on faith, and as a layman I am wise if I do not attempt any suggestions on that line. But so far as manliness and character are concerned, of which we all ought to be partakers, even one who scarcely knows the difference between an artery and a vein may have some opinion.

Now on this line let a word be said as to the doctor's disposition. I think he should preëminently be an optimist. If any one in all the professions and occupations sees the dark sides of life, it is the doctor. He is particularly unfortunate in this respect, for, unless he is a personal friend, we never want to see him until we are in trouble, and the sooner we can dismiss him the happier we are. We cannot honestly say that as a professional he is a welcome guest—yet there are times that there is none we wait for so anxiously, none upon whose coming we count so much, none whose face we watch so eagerly to read hope there, none whose decisions bring us either such great joy or such deep sorrow. Like the true friend in Proverbs, the doctor as a professional is born for adversity.

Walking thus continually in people's shadows, fighting their fevers, hearing the endless recital of symptoms, forever scenting the tracks of pain, the doctor needs more than the ordinary portion of optimism to keep himself up in order to lift up drooping spirits on the wings of hope and cheerfulness.

If we must go into people's darkness and shadows, let us go, if possible, equipped with the best. A merry heart doeth good like medicine. Unless the doctor is a mere professional to make a diagnosis, prescribe the medicine, and then watch the effect, he will want to bring to the aid of his medicine all that the faith of the patient in him can contribute to his cure. It is so much easier when you are sick and weak to believe in a man that lifts up the light of his countenance upon you, than one who glowers at you. It is so much easier to trust yourself into the care of one

whose face shines, than one who carries no more facial gladness than a clay bank. I am always sorry for the man in whom you must wake up the divinity of cheer.

Now don't be afraid that a Christian scientist or a mental scientist or anything of that sort has descended upon you. I believe in medicine, and I am going to take it when I need it till I die, even if it kills me. But it is more agreeable and health-suggestive to take your dose out of clear crystal glass than out of a dull stone china cup. Somehow one gets more out of a doctor who can laugh right heartily or smile without ghastliness than from a man whose face is like a five-year-old Chicago block pavement. Some doctors carry health inspirations in their very presence. But there are some whose very sight makes something ache in you. The doctor needs to have something about him over and above his profession that makes you believe in him, and faith in your doctor is as requisite for health as faith in your religious creed is for your spirit.

The quality of optimism that inspires hope, that gives cheer, that makes you feel it is worth while for you to try to get well by doing what you are told and putting all of yourself into it, this quality of inspiration in a doctor must be genuine—it cannot be put on.

Sick people are often marvelously deep seeing. Those great round hollow eyes looking out of their caverns are sharp-sighted and pierce through any mask, and the doctor needs to be an optimist to the core or he will only deceive. If it is not in his disposition by nature, it should be worn into the grain by drill and by constant habit.

If a young man came to me asking my advice whether he should study medicine I think before I would answer him I would carefully study his tendencies and general characteristics. Among other things I would give attention to is the way he laughs, whether it is only a crackle, or whether it comes up from the depths like from a flowing well of good humor. I would read the lines of his face whether they were up or down; when he smiled I would watch whether his face breaks into wrinkles or only creases. I would give a great deal of attention to this line of examination.

If I saw a tendency to sarcasm and satire I would talk enthusiastically about the lawyers' profession to him, and endeavor to

turn his mind to the law school instead of the medical college, especially if he had thin lips.

If he sat with his hands in his pockets or his fingers closed tightly while he talked of the profits of the profession I would advise him not to spoil a good business man by trying to become a doctor. But, other things being equal, if he had a good, broad, generous face, a hearty grasp of the hand, eyes that laughed at the same time that you read decision there—if, in his general make-up, he made you feel that life was worth living—I would advise him to take up the hardships and trials of a doctor's life. He would have some of the prerequisites of success.

Generally I think doctors are optimists. They know what their skill, their art, their medicine can do, and their knowledge gives them confidence—and confidence to cure, whether it be in the body physical or body politic, whether it be in healing or in moral reforms, confidence to cure is the basis of optimism. No one can inspire confidence like the man who has faith. Let us be glad, therefore, that the doctor has such great successes, for that gives him faith in himself. I am one of those who believe he has more successes than failures. Out of his successes come his faith and optimism, which give us courage and make us feel that it is worth while to have him about us when we are weak and sick and worried and sore.

And now there is another quality that well becomes the doctor. It is benevolence. That means in this connection doing things for nothing. Earnest, conscientious, exhausting work and little pay—often none at all. If he has not the benevolent faculty by nature, he need not worry; the grace of experience will soon gift him with it. He very soon learns that he must do much work gratuitously and may be glad if he even gets thanks for it. Unless he is naturally as hard as the nether millstone he cannot help himself. There is something in every true man that responds to the cry for help. Unless we harden ourselves to it and stop our ears to it we must yield when the cry comes. The doctor hears more cries for help than anyone else. He learns early not to count the cost of his labor. The man rises above the clerk; the thought of what he can do outstrips and obliterates what he will be paid for it, so that he is constantly going to the school of benevolence and learning how to do things in a large, generous way.

Every profession has its strong points, its vantage-ground for manliness, and each has its vulnerable places. As a profession I would not say that lawyers are very merciful or benevolent. They don't go to that school. Whatever of the kindlier elements they manifest it is as individuals and not as a class—it is in spite of their profession and not because of it. Probably the lawyer is just—he ought to be—that is his school; but he has to deal so much with trickery and deceit and fraud that he becomes hardened and is always on his guard against imposture. It is a good quality, but you will find that if there is any one place in your character that you guard particularly, there is danger just there of overguarding, and that place becomes hard like the path the sentinel treads on his beat. That is the reason the profession of the law is not eminent for that gentle quality of mercy—hence blessed, blessing him who gives and him who receives.

Now, the physician's life leads into an entirely different experience. He looks so much into the depths of pain, he sees so many pale and wan faces on which pain has written its bitter autograph, he faces so much unspeakable agony, that though he may be hardened to it in some directions, as to his nerves, for instance, his surface feelings, yet if I were called to name the profession most eminent for sympathy, readiness to help, uncalculating as to remuneration, I would unhesitatingly name that of medicine.

There are probably no men that do as much gratuitous work as the doctors. I do not even except the ministerial profession. Of course, we do much of it—our lines lie directly in the direction of charity and benevolence—but our salaries, whether they be small or great, go on; our visits to the poor have no effect one way or the other on our cash account. But with the doctor it is otherwise. There is many a visit he makes which deserves the best fee for which he will get nothing, and he knows it when he is about it.

I have been a pastor for thirty-two years and much of that time has been spent among the poor and dependent classes. I have met the doctor there more frequently than the representative of any other profession, except perhaps the rental agent and the undertaker. I want to bear testimony that I have seldom failed to meet the man in the doctor. He may have had few words, but he has been great in deeds; he may not have put provisions in the larder, but he has put health into the body; he may not have subscribed to pay



rents, but he has prescribed that which gave strength that was able to rise up and pay its own rent, even if it never paid its doctor's bill. But the doctor did not complain; he was satisfied if the rent was paid; his own pay—he would wait for it—and he has waited. Let me say this, too, to the credit of the manliness of the profession, that I have seen conscientiousness as strongly marked in the doctor in the home when he knew he would never reap a cent as in the family where he knew his bill would never be questioned. I have seen as anxious a physician's face watching by a straw pallet as in the sick-room of the wealthiest.

The doctor comes to weigh life by itself. He does not throw into the scale environment, station, and property; it is just life that he weighs. He gets into such a habit of fighting death for people that he almost forgets to ask "Who is the man and what can I get out of him?" but it is always "What is the suffering and how can I relieve it—what can I put in its place?" And so he comes by his very profession to be a man of large benevolence and sympathy. And surely these are qualities of inestimable value.

But the doctor is not perfect—none of us is. His profession has its temptations as well as great aids in the making of the man. One of his temptations lies in the direction of his authority. It is so necessary for his success in the sick-room that his will and word should be supreme that he is in great danger of becoming an autocrat, and from autocracy to tyranny the step is very short. The fact that so much depends on the doctor—the fact that obedience in patients and nurses is such an important factor in the cure; the fact that he has to contend with so much ignorance, superstition and carelessness, all tend to make him positive. No wonder! He is not to blame for it; but positive people are apt to be tyrannical—sometimes overbearing and sometimes supercilious. Doctors sometimes spoil their good comradeship among men by this habit of oppression. The man whose will is always supreme is apt to become self-opinionated, which is a form of conceit that is very deplorable. So we notice that however benevolent and kind and mellow doctors are on one side they are not always so mellow and generous on the other. Let me give a word of advice to the laymen here. If you want to keep on the good side of your doctor never make a suggestion as to a different way of doing things from that he proposes

You will fall in his estimation and suffer the blow of sarcasm—some reference to old wives' cures or something of that sort .

Let me advise you, too, that they are often very sensitive as to their brethren in the profession. They do not like the suggestion that possibly two heads are better than one. It is always a delicate thing to propose a consultation. My! my! what a peck of trouble and threads and thrums you get into! There is that ambiguous, mysterious, terrible apparition called professional etiquette, that rises like a nightmare and settles down on you with all its weight—hoofs, rump, head and tail.

If you have ever met it in your experience I know you will suffer long and languish on a bed of pain for days before you will dare face it. I could not tell you what it is; to the uninitiated it is something inexplicable. Professional etiquette! Doctors will sacrifice everything to it. No Russian peasant of fifty years ago was more under the power of the knout than our beloved doctors are under the tyranny of professionalism. They won't consult with this one, or that one, because of this school or that school. If you think it wise to make a change your only hope is to swap schools altogether, because professional etiquette won't allow one doctor to take the patients of another of the same school. In fact, change of physicians is the unpardonable sin in the estimation of the profession. Now, when I go to one store and the man's goods do not suit me I tell the clerk I am going somewhere else, and he smiles on me and lets me go. When I come back next day still he wears the same unchangeable smile; it speeds with equal grace the parting as it welcomes the coming customer. By his smile he holds me or wins me back. But you pass from one doctor to another and you have lost a friend who, like the old Spanish hero of Mrs. Hemans, will never smile again. His professional etiquette has been wounded and there is nothing in the whole pharmacopeia that will heal it.

As a profession jealousy is one of the great temptations of the doctors.

In this respect they suffer very greatly in comparison with lawyers. So far as my experience goes, I believe that as a profession lawyers have less jealousy and envy toward one another than any other. They are far more generous toward one another than ministers, for ministers are as bad as the doctors, or nearly so. I have

often wondered why lawyers should be so generous toward each other. Is it because they have fought out all their strength over the council table and there is nothing left in them after their exhausting labors but the milk of human kindness? They certainly are wonderfully forgiving to each other and always ready to admire each other's talents and abilities. One of them will sit down with you after he has been beaten in a case and tell you with overflowing admiration how sharp his opponent was; how quick-witted; how he caught him napping; and will go off in expressions of delight that are as sincere as they are generous.

I think it is because of the broad, free life they live; they are used to contradictions; it is their daily food; they get inured to opposition; they are turned down as often as they turn up, and so their egotism and conceit in that direction are all hammered out of them. But the doctor does not go to that school. He moves round in the small circle of his own personality; he has everything so his own way in the sick-room, that when his circle comes in contact with another circle there is an explosion and two circles are much injured as to their evenness of curves and exactness of arc.

Ah, well, as I said, we are not all perfect, and it is good the doctors are not, for we need them too much in this imperfect sphere here below. If they were perfect they would all be called up higher, and then what would we do?

But I must say yet one thing about the doctors that I think is to be regretted, and that is their sectarianism. Now this is a word that generally belongs to the domain of theology. But bad as it is with us in the ministry, I think we are shedding it a little. We are beginning to scale, as the doctors say of convalescent scarlet fever patients. "As bigoted as a priest" is beginning to be an out-of-date expression. Not much yet—I will admit that. We still have it very bad and every now and then we have dreadful relapses, but the optimistic among us are hopeful and ready to sing the Doxology any time a Presbyterian and Methodist exchange pulpits, or when a Baptist will go into a union meeting with a Congregationalist. Then we think fondly of the millennium, however far away it may yet be.

But while we are relaxing the doctors are as stiff and uncompromising as ever. If you want to see sparks fly suggest homeopathy to an allopathic physician. Try it and you will be glad that

it is not your every-day business to raise storms in this mundane sphere. My, my, what do I hear of mighty contentions between high potency men and low potency advocates? Is it going to be as bitter as the church fight of high and low churchmen? Talk about some pulpits being closed against some men because they believe this or that or don't believe this or that. Have you never heard of hospitals being closed to both patients and doctors just because they wanted to give and take medicine in one form instead of another?

In many respects a hospital comes as near as anything to the New Jerusalem in Revelations that descends from God out of heaven. Its gates are open continually day and night. The conquest of pain is its great humanitarian accomplishment. It is a pity that the harsh wire netting of sectarianism should ever keep any patient with his doctor out of any of these beautiful institutions—the hospitals, that are as much the carpentry of the Man of Nazareth as anything I know in this world. Then is there not just a little of this sectarianism rising like a cloud no bigger than a man's hand on the horizon of the profession in the multiplication of the specialists? Now, I believe in specialists, but when a specialist wants to make me believe that disease is altogether in his domain then I object, for I have not yet come to concede that a stomach ache is caused by astigmatism in the eyes or that corns on my feet grow because I have a polypus in my nose.

The specialist must guard himself against sectarianism. The man who reigns over cutaneous eruptions must not insist that disease is only skin deep. He who gouges in your nose must not scout at him who cuts and slashes at the appendix. He who manages the digestive organs must have some bonds of mercy for him who settles the issuing life and death in the lungs. He who cleans out the liver must grant that there may also be an undissolved remainder in the kidneys. He who is the train dispatcher for the blood corpuscles must not laugh to scorn the man who, like the prophet of old, calls on dry bones to rise up and live. Specialists must be particularly careful to keep sacred the communion of saints. They want to meet in these poor bodies of ours like brethren—loving one another and helping one another.

However, let us close in good humor. Though the doctor has

faults he has many blessed virtues and his victories outnumber his failings by a hundred to one. Where is the profession that is such a willing, uncomplaining servant among men as the medical? Always ready to answer every call. The rest of us shut our doors when business and work are over and wrap ourselves in kindly sleep that knits up the raveled sleeve of care. Let the world wag on, we sleep; but the doctor sleeps only to wake, and wakes more than he sleeps, and he must be just as awake and ready at 2 o'clock in the morning, when they say vitality runs lowest, as at high noon when it is at flood tide.

You complain perhaps of doctors' bills. Don't do it. When you have to pay them feel as you did when the doctor snatched you out of the jaws of death and you will not grumble. You will hum the *Te Deum* as you write the check. He deserves all he gets for his work, his sacrifice, his untiring attention, his ceaseless toil. This complaint about doctors' charges is overdone. Though they are the busiest men in the community, though they are engaged in the most exhaustive labors, both mental and physical, yet it is only one in a thousand that makes a fortune out of his practice. Millionaires do not grow in doctors' carriages.

The doctor is manly in this, that he is conscientious, not only in the discharge of his duty, but in the safety with which he keeps things to himself that the public need not know or ought not to know. I suppose no profession gets into the hidden things of a family or individual like a doctor. He knows where wrong is and fights it without raising a public scandal; he shields the innocent from the disgrace of the guilty; he lets fall the kindly mantle of silence when it would be cruel and uselessly inhuman to speak. God bless him for knowing that manly virtue—how to hold his tongue.

So, for a few failings we will not condemn; but because of his many virtues we will honor and love him.

## CLIPPINGS AND COMMENTS.

C. A. WEIRICK, M.D.

CHICAGO.

111. One would think that Dr. Julia Holmes Smith, with her extensive experience in obstetrical practice, would not meet obstacles therein to cause her worry, but the title of her paper published in this issue shows differently. It also proves that the conscientious doctor can not have an experience so long and great as to make him indifferent to human life. The noblest position in life is pure motherhood, not accidental motherhood. The physician who has the honor of conducting a case of parturition, and has a reasonable degree of appreciation of the responsibilities thereby devolving upon him in its management, will spare no effort in attaining the greatest proficiency possible in obstetrical science and art. We should like to emphasize one of the valuable points made in Dr. Smith's paper, viz., caution in not being in too great haste to deliver the placenta unless there are reasons for the patient's good why it should be quickly done. The saving of time to the physician should not be considered. If he can not give all the time that the best management of the case requires, he should say so and not assume the care of it.

When we began obstetrical work with only a theoretical knowledge of it, we preferred, if err we must, to do it by omission rather than commission, and in pursuance of that plan did not hurry the delivery of the placenta. After following that rule for several years we found that the saving of our own time was a factor that was considered in deciding upon some measures used for expediting labor. The delivery of the secundines was hastened, and the result was that an increased per cent of mothers had an unnecessarily large quantity of blood lost. There was not in most of those cases who flowed too much, the alarming post partum hemorrhage that so quickly exsanguinates; but just that too rapid soiling of napkins which makes the physician feel uneasy and use means to check the flow, which if not successful in half an hour would show its effect by steady increase of pulse rate and paleness of the face. We made less effort to hurry the third stage and there were fewer cases that required measures to control hemorrhage. It is highly probable that by hastening delivery, at least from the uterus, by traction, even when compression is used, one or more shreds of membranes will be left in the uterus, thereby causing too much loss

of blood. We have made an abnormally large flow normal by simply removing from just inside the external os uteri a lodged piece of membrane from the afterbirth, said membrane being about the size of a finger-nail.

Years ago medical students were often given a list of "Dont's" to remember in obstetrical work, but they have all been dropped from the medical education of to-day. We think, however, that "Don't be in a hurry to save your own time" while attending a case of parturition is a needed admonition at present.

112. It was intended that the clipping should be inserted in this space, but it was lost. The substance of the extract from the printed remarks of the doctor was that the wave of orificialism had nearly expended itself in the West and was now extending to the East.

The above is part of the remarks made by an eminent surgeon of the homeopathic school and published in *The Clinique* in the year 1895. Five years have elapsed, but orificialism has not died out. There is not so much strife about it as there was about eight years ago, but the reason is because the principles have been so widely accepted as true, and doctors and laymen have seen too many cures to deny that the principles are correct, and that the unfortunate results have been due to imperfect methods of applying them. From a belief based on knowledge obtained from between one hundred and two hundred medical journals per month, we believe that there is more use made of the principles advocated in orificial treatment than ever before. The fact that there is less forensic strife over orificial treatment now than formerly does not indicate that it is waning. Twenty-five or thirty years ago the homeopathic physicians were subjected to bitter attacks by the dominant school of medicine; they were regarded as quacks, as unworthy to be a party to a medical or surgical consultation, were refused admission to other medical schools and had very little recognition in public institutions. But now much less is said about them, and why?—because they have demonstrated their right to exist, which could only be done because of the correctness of their law. The strife is over. There is comparatively little said against the homeopathic school, and yet here in Chicago where there was but one college of that belief in medicine thirty years ago there are now five. The number of homeopathic students all told in this city was about eighty; now the number is nearly or quite seven hundred. In the one college there were less than twenty teachers; now in the five schools there are probably two hundred teachers. Because the bitterness between the schools of medicine has disappeared, and hence less discussion, it must not be inferred, nor would such inference be true, that the

belief in the homeopathic principle is on the wane. It is simply better understood; its limitations and possibilities more clearly defined and its followers more numerous than ever before. The gentleman who made the remarks from which the quotation was taken is one of the eminent national leaders of that once derided school of medicine founded upon the law of similia, and yet he is none the less loyal to that law because he recognizes that he must so frequently resort to surgical measures to restore his patients to health. We think if a neurasthenic case were placed in his charge, having a lacerated cervix uteri or perineum or both, he would advise an operation to correct the lacerations. If so he would be carrying out an orificial teaching; and if in addition he were to cure a pathological condition of the rectum to help bring about that cure he would simply do what orificialists would do. If he were to treat a uterus to cure a uterine headache he would but be pursuing a course advised by orificialists. As to the best means of curing these lower orifices of the body for reflex troubles, it is a question of judgment on the part of the physician, but that there are a very great number of patients with diseases of these orifices and that many of them can not be cured of other chronic ailments until said openings of the body are cured is now admitted by too large a number of physicians as to require no more than the assertion of the correctness of the statement.

Expended itself, has it? Read what the Medical World says of dilatation of the anal sphincters: "We wish to urge our readers to be broad and fair minded in their investigation, and to make a thorough, unprejudiced study of this procedure as one offering chances of benefit in a wide range of cases. As a means of resuscitation of the almost hopelessly asphyxiated it is often all that is needed. In the treatment of many cases of nervous debility, with sluggish circulation, cold hands and feet, with recurrent headaches, it is frequently of great aid. In the treatment of fissures of the anus and other local conditions causing irritability of these parts, this procedure should be employed.

"When we bear in mind the profound effect this operation seems to have upon the sympathetic nervous system we can realize that its range of usefulness can be greatly extended."

It was "orificialism" which first taught that anal dilatation was useful not only in resuscitation of the new born but from chloroform and ether narcosis and from asphyxiation from gas. True, the usefulness of this procedure was claimed to be discovered subsequent to its publication in orificial literature. At first the claim that it was a very effective resuscitator was ridiculed, but now it is not ridiculed, but accepted. From the Maryland Medical Journal the following, bearing upon the subject, is taken:

"Cure of Constipation by Forcible Dilatation of the Sphincter



Ani.—Dr. George L. Romine concludes an account of ten years' experience in this method of treatment as follows: I believe that one-half of the cases have been so thoroughly cured that a dose of cathartic medicine is rarely taken, and only through a traditional belief that such a dose is occasionally needed. In the remaining cases patients rarely have any trouble, unless during some sickness that disturbs the regular action, and this is easily overcome by mild dosing; in fact, every case of which I have any knowledge has been benefited. After these treatments some distressing reflex symptoms disappear. Thus in the female persistent occipital headache, indigestion, palpitation of the heart are often relieved by curing constipation, while in the male impotence and the attendant train of symptoms indicating sexual neurasthenia are clearly recognized by specialists as frequent reflex manifestations of rectal trouble."

Who ever saw a case of chronic constipation cured by laxatives, cathartics or purgatives? No one. And yet they are daily given to overcome that condition and are regarded as scientific treatment. Here is a report from a physician giving in no uncertain tone the result obtained by one of the measures so often emphasized by "orificialism." We suppose that had toothache been treated by medicine up to the present time and the process of filling teeth just discovered, so many would fill their teeth that it would be called a fad by some of the dental fraternity and an occasional unsuccessful filling would be pointed out as evidence of the foolishness of the method.

A correspondent writes in the Medical World that circumcision seeks to liberate terminal nerve fibers. Impinged nerve fibers means resulting contracted tissue and contracted tissue means wasted nerve force. That doctor may not be classed as an orificialist, but with him the wave has not spent its force. He doubtless bases his assertion on experience. We know, of course, that there are doctors who do not believe in orificial teachings, but many doctors in the past with honest intentions to avoid mistakes have also been led into the other error of avoiding much that is true.

The mother of a little boy aged seven months, whose home is in New York City, informed the writer that she thought the child had cried fully five and one-half months of that time, and that no apparent benefit had come from the treatment advised by the attending physician. He said the child would not be benefited by circumcision. We advised the operation. It was performed, and the child is no longer a crying child; in fact, it slept nearly all the time for the twenty-four hours following the operation. Before "orificialism" had made its impress on medical practice such a case would probably have received Mother Winslow's soothing syrup from the tired parents or paregoric from the help-

less doctor. It is beyond a question of doubt that the above and similar opium preparations have been the cause of many deaths in infancy. But their use was not regarded as a fad, notwithstanding the fact that they would not cure. Some people think they are conservative because they oppose new measures. Beware of the professional conservatives; they are followers of public sentiment.

Those who think "orificialism" has not found a firm foothold in medicine should read the concise statements made by Prof. Elliott in the forty pages of his work on nervous and mental diseases in the chapter on the relation of the orificial philosophy to the sympathetic. Matthews' Quarterly could never be accused of catering to "orificialism," but the following from that journal by Dr. Cooke reminds one so much of what is found in Pratt's early book on orificial surgery that we print it to show how people are using the principles taught in that work although by so doing they are unconsciously practicing "orificialism."

**RECTAL REFLEXES.**—By A. B. Cooke, M. D.—The rectum is very abundantly supplied with nerves from the sympathetic system, whose ganglia constitute the chief centers of reflex nerve action. It is also supplied directly from the cerebro-spinal system through the fourth sacral nerve, and the sphincter ani and its contiguous integument receive additional filaments from the pudic, a branch of the sacral plexus. The sphincter ani is the most perfect type of sphincters, and is more richly supplied with nerves than any other muscle in the body. When at rest it is in a state of tonic contraction, and is conspicuous among muscles as being the only one which requires the constant expenditure of nerve force to maintain it in a normal inactive condition. The requisites for reflex acts—an afferent nerve fiber, a transferring center, an efferent nerve fiber, and a focus of irritation—are furnished in almost ideal form by the rectum and anus, and the reflexes which arise from this locality are the most numerous, the most varied and the most powerful of which we have any knowledge. The pain which arises from even trivial lesions is out of all proportion to the extent of the disease, and in many cases constitutes the most acute suffering to which humanity is susceptible.

Reflexes are not always pathological evils. They are often invaluable additions to our therapeutic resources. The intimate connection which is maintained between the vital centers and the lower portion of the rectum and its sphincters, through their extensive nerve-supply, is demonstrated at every operation upon these parts. Divulsion, even in profound anæsthesia, unless accomplished with extreme caution and deliberation, invariably produces stertorous respiration, profound modification of heart action, immediate congestion of the cutaneous capillaries, and muscular contraction and rigidity sometimes amounting to opisthotonos. An application of rectal dilatation to the resuscitation of still-born children has met with complete success in a number of cases. Another field of application for this procedure is its use in the accidents of anæsthesia and narcotic poisoning; asphyxiation and catalepsy form other favorable occasions for its useful exhibition.

The crises in which the rectal reflexes have proven themselves effective, and the light and hope which they have incidentally cast upon epilepsy, are sufficient to call for grateful recognition, and inspire a more systematic and exhaustive investigation of the subject.

In a patient, aged 25, operated on for a large mass of hemorrhoids, a fleeting but typical convulsion was noticed during divulsion of the sphincter. A history of "nervous spells" since the age of fourteen, and of rectal trouble for six to eight years, was obtained, and his physician confirmed the diagnosis of epilepsy. At the time of operation the attacks occurred every two or three weeks. During convalescence there was an excessive amount of pain, and upon moving

the bowels on the fifth day an acute attack of mania occurred, which lasted for twelve hours, and was characterized by active delirium and periods of great excitement, accompanied by bursts of laughter, crying and swearing. The result obtained was perfect, and during the eight months since operating the patient has not had a trace of a "nervous spell."—*Matthews' Quarterly*.

113. Dr. J. J. Thompson in the Medical Arena states that in the past ten years he has not met a case of urethral stricture that he could not overcome without the knife. During that time the doctor has been connected with two public surgical clinics, and has had a good consultation and private practice.

The doctor anesthetizes the patient and begins on the stricture with filiform bougies. He has started with the smallest bougie and succeeded in working up to a No. 18 sound at one treatment. If more time can be given he prefers to be more gradual and extend the treatment over several months.

The following two cases are illustrative of his success:

In this case complete retention of urine had been present for twenty-four hours, due to a severe stricture of the pendulous urethra. The patient was put under an anesthetic in my office and after a systematic use of the filiform bougies for some thirty minutes I was able to introduce a small catheter into the bladder and draw off the urine, after which the urethra was dilated up to a 16 sound; subsequently sounds were passed from time to time for a few weeks, resulting, so far as I know, in complete recovery.

Another case which was of special interest was referred to me by Dr. F. A. Karst, of Chicago. This was a man of some fifty odd years of age; he claimed never to have had specific urethritis, but said that he was kicked in the scrotum when tending bar some years previous. In this case there was not merely a stricture in one place, but nearly the whole length of the pendulous urethra was contracted, the cicatricial formation extending even into the membranous portion of the urethra, the patient voiding urine only after severe and prolonged effort. At first it was impossible to pass the smallest filiform bougie more than one-third of the distance through the pendulous urethra. In this case it required nearly two hours of exhaustive labor to effect an entrance into the bladder sufficiently large to admit a catheter; the patient suffered slightly from traumatic urethritis for twenty-four hours, after which the symptoms subsided and he made a somewhat slow recovery.

114. Dr. Geo. J. Monroe in Cincinnati Lancet-Clinic gives the following local application for external hemorrhoids when patient will not submit to the slight operation required to relieve them.

Opium powd. ....	3i-ij
Tannin. ....	3i
Sub. nit. bismuth. ....	3ij
Borated lard. ....	3ij

M.—Form ointment.

Sig.—Apply to anus by means of thick cloth or lint held in place by bandage.

# JOURNAL OF ORIFICIAL SURGERY. CHICAGO.

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## A REPORT OF CASES OPERATED UPON AT MUNCIE ISLAND, JULY, 1899.

Case 1.—Miss S., age 34; family history good; parents living. She had an attack of pleurisy at the age of 12, and since then occasionally experiences pleuritic pains. At the age of 15 she began to menstruate, the flow being profuse and occurring every three weeks. About ten years ago she became very nervous and debilitated. Three years ago she had a severe attack of gastritis, and one year later intermittent fever. For some months past she has had a daily rise of temperature, ranging from 99 3-5 degrees to 102 degrees. She has profuse and painful menstruation, constant leucorrhea, constipation, pain in the rectum, distress after eating, pain and tenderness in the gastric, liver, ovarian and lumbar regions. Each defecation is accompanied with much pain and a nervous chill. Prostration and nervousness are very marked. The urine sometimes contains sugar and sometimes albumen with retention of urea.

Operation: Ventral fixation by the new vaginal method with the Muncie needle.

The uterus was retroflexed, and in its anterior wall was an intramural fibroid. An incision was made through the posterior vaginal pouch into the peritoneal cavity. Existing adhesions were broken up, and the fundus drawn through the incision. The small fibroma was dissected away, and the peritoneal covering carefully coapted with catgut continuous suture. The fundus was now returned to its normal position, and the right fallopian tube drawn through the vaginal incision; this brought into view a degenerated fallopian tube, and an ovarian cyst as large as a goose egg. This

with the diseased tube was dissected away and the peritoneal denuded edges coapted. The ovary and tube were next drawn downward, from which was removed several small cysts, and small adhesive bands broken, leaving the left tube and ovary in a condition to take on healthy action. The uterus, which had been thoroughly curetted, was now fastened to the abdominal wall by means of a button at each extremity of the suture as it came out upon the surface of the abdomen, in the same location as for ventral fixation by the usual method.

Results were all that could be desired. Patient has progressed far on her way to recovery, and her letter is enthusiastic and fulsome with praise.

Case 2.—Mrs. A. I. B., age 40; parents living; both healthy. She has three sisters and two brothers, all living. She has been married nine years. Menstruation began when she was fourteen years old; she was regular until about ten years ago, when menstruation became irregular and very profuse. She menstruated every three weeks last winter and at each period would have to remain in bed for two or three days. Seven years ago she had an abortion at the fourth month, after which an ovarian fibroid tumor was removed by laparotomy. She has never been pregnant since. Two years ago menstruation ceased, and she suffers from morning nausea similar to that experienced during pregnancy. She is subject to chronic diarrhea and has always had indigestion. She suffers greatly with headaches and constant backache in the lumbar region. She occasionally vomits, often without warning, and has fainting spells.

Operation: Vaginal hysterectomy and ovariectomy. The uterus was fibrous and the ovaries and tubes cystic and bound by firm adhesions.

Results: Total relief of all her former suffering, according to her own testimony.

Case 3.—Mrs. A. P., age 35. This patient has been married thirteen years and has had two children. She was healthy until the birth of her first child twelve years ago, which was a breech presentation. After this she had an attack of asthma, and since then has been subject to severe asthmatic seizures, necessitating her sitting upright for hours. Her menstruation became irregular and painful, and the bowels constipated.

The first time this patient came to our office her asthmatic

breathing was so marked and painful that the patients who were waiting each insisted upon giving up her turn to the sufferer. Her temperature reached 100 and the pulse 120. The upper lobe of right lung was resonant; she could not retain solid food.

An examination of the pelvic organs and rectum revealed a prolapsus uteri in the third degree, and a large amount of scar tissue extending to the internal os. Inasmuch as the asthma began immediately after childbirth, we knew that the lacerations and consequent prolapsus were the originating causes; therefore, the treatment was directed to the raising of the uterus to its normal position and maintaining temporarily by tamponing. The next morning the patient appeared greatly relieved and had slept fairly well for the first time in many nights. The next step was dilatation of the internal os. This resulted in immediate relief from the asthmatic breathing. The improvement was so pronounced that the patients in waiting noted the change as she passed through the room. There was a steady improvement from this time on, when we were willing to place her under an anesthetic and begin the necessary surgical work. She had been told that she could not last more than two months.

Operation: General orificial work and trachelorrhaphy were the work done on May 26th, after which she gained in strength and weight, and the asthmatic attacks were entirely relieved. Her second operation was performed June 27th, before the class—perineorrhaphy. It was a very slight operation, but the patient did not rally as after the first operation; nevertheless she was greatly improved and gained in flesh. She contracted a cold when going to her home in August, from which she did not fully recover. There was no return of the asthma until in the latter part of December, when she took a very heavy cold; pneumonia followed, which made rapid havoc with the lungs, in which the disease had been for a time stayed.

Case 4.—Dr. A., age 29, married; parents living and well; two brothers and one sister are also living and healthy. He had an attack of infantile paralysis affecting the voluntary muscles of the extremities. These muscles were gradually restored to the normal activity with the exception of those of the left lower extremity, club foot resulting. He had a severe attack of hemorrhoids which lasted for several weeks. He suffers greatly from frontal headaches and constipation, and is very irritable and nervous.

Operation: Circumcision, dilatation, and slit operation on the rectum for the removal of hemorrhoids, pockets and papillæ.

Results: During his stay at the sanatorium, the doctor claimed that his atrophied leg had more feeling and warmth than it had had for years, and he had recovered nicely from his operation when he went away, although he took his departure sooner than was deemed prudent by the attending physician. As to his present condition we can not speak as he has not kept us informed.

Case 5.—Mr. G., age 29; single, upholsterer. Family history good. He has had malarial fever. He is constipated and strains at stool, suffers from indigestion and occasional cramps in the stomach, appetite poor. He has frequent emissions and a sensation at the head of the glans penis, especially while micturating. He has an eczematous condition of the anus and dull pains in the region of the kidneys and becomes exhausted from slight exertion.

Operation: Loosening of the frenum, enlargement of the urethral orifice, dilatation of the urethra with sounds, slit operation on the rectum for the removal of pockets and papillæ. One large papilla lies anteriorly and is undoubtedly responsible in a measure for the irritability of the sexual system.

After-treatment of electricity and hot and cold urethral sounds were employed in this case. Dr. Pratt stated that it might be six months before this case would respond to treatment. He improved, but not as rapidly after reaching his home as he thought he should, and in about six months went to a hospital and had a small varicocele removed. When last heard from he was still improving.

Case 6.—Mr. S., age 30; single; upholsterer; family history negative. About one and a half years ago he strained himself by lifting something heavy, and an abscess in the rectum resulted, and several fistulas formed. For some time he had local treatment, but was afterward operated upon. The sphincter ani was severed, resulting in a loss of the control of the rectum. Last August an artificial anus was made in the left inguinal region. Since the operation pus and mucus have been expelled from the rectal orifice. The fecal discharge through the artificial anus is almost constant and causes pain at times. He has chronic bronchitis, aphonia, a constant cough and profuse bloody mucopurulent expectoration, with tubercular bacilli.

Operation: Urethral dilatation, enlargement of meatus, cir-

cumcision, fistula enlarged, thoroughly curetted and swabbed with strong carbolic acid. After-treatment advised: Curette fistula once a week without an anesthetic and swab out with equal parts of carbolic acid and iodine, then pack each one with sterilized jute. Clean and repack the fistula with jute every twenty-four hours, using 1 per cent formalin solution.

The treatment gave the patient great relief, cough and expectoration lessened, he gained flesh and strength and better control of voice. The fistulous tracts were filling at their base when he went to his home, where his family physician was to continue the treatment. From time to time favorable reports came of his condition, but a sudden cold in mid-winter ended his career.

Case 7.—Dr. A., age 34. Brother died of diabetes a year ago; otherwise the family history is good. He has had grippe twice and since then a chronic sore throat. Bowels were regular until two months ago. He is now constipated, and has constant gastric distress; the most innocent food disagreeing with him. During the last two years he has had faint spells as though the stomach was overloaded. He is very nervous and irritable, and at times feels despondent. Within the last year he has lost forty-five pounds.

Operation: Loosening of the frenum, dilatation of the urethra and rectum, removal of pockets, papillæ and small hemorrhoids.

Results: Words from the doctor's letter will best express his condition: "It is with pleasure that I reply to yours of the 14th, and am pleased to inform you that I am greatly improved from my condition of last summer, and I am improving steadily. \* \* \* I am doing many operations, and am desirous of putting myself in a position where I can obtain all possible knowledge and technique of cure of this class of patients."

Case 8.—Miss M., age 22; single. Father died at the age of 60 of Bright's disease. Mother died at the age of 43, malignant rectal trouble. She has two brothers, both healthy. Menstruation began when she was 12 years of age; it was painful and occurred every two weeks, but became regular after treatment. For the past two or three years she has had leucorrhea and painful menstruation, the pain being in the left side and back. She has alternate diarrhea and constipation. She is nervous, easily excited, and suffers a great deal with headaches. She has had general debility for over two years and at times has attacks of hysteria.



Operation: Dilating, curetting, and packing of the uterus; trimming of the hypertrophied hymen, loosening the hood of the clitoris, and dilatation of the rectum, and sigmoid sphincter. The sigmoid prolapses into the rectal pouch and presents a catarrhal inflammation.

This patient remained at the sanatorium six weeks, during which time oil enemas were used every other night. When she was discharged she was to all appearances in a perfectly normal condition. At present she weighs more than ever in her life, and has had no return of the old symptoms. She says she is well and can do more without fatigue than at any time since she was 14 years of age.

Case 9.—Mrs. R., age 58. Mother died of consumption at the age of 48, father at the age of 47 of cancer of the stomach. Two sisters died of consumption and one of pneumonia. One sister is now suffering with rheumatism and neuritis. Mrs. R. married at 25 and has had four children, all of whom are living. Her husband died of consumption. She menstruated at 15, and has always been regular. She is constipated and suffers a great deal with headaches and sciatica. She complains of intense itching in the labia. Menopause occurred at the age of 51, and was preceded by uterine hemorrhages.

Operation: Dilating, curetting of the uterus, tracheorrhaphy, perineorrhaphy, amputation of hood of clitoris, dilatation of rectum, and removal of pockets, papillæ and hemorrhoids.

Results: A gradual improvement. Sciatica is no more, and headaches becoming less frequent and very slight, occurring only after severe strain.

Case 10.—Mr. R., age 62, a healthy man until a year ago, when he had typhoid fever, followed by ischio-rectal abscesses, leaving the right buttock honeycombed with fistulous tracts. He was emaciated and weak, having a characteristic pyemic temperature, and unable to digest food. He also suffered from asthmatic breathing.

Operation: Enlarging the meatus, loosening of the frenum and foreskin, opening and cleaning out the abscess, enlarging and curetting the fistulæ, and the removal of pockets, large papillæ and hemorrhoids.

Results: The sixth day after the operation a hemorrhage of the bladder occurred; temperature 104; mind became cloudy, and hic-cough continued for four days.

The treatment consisted of tincture geranium mac. internally to control hemorrhage, and a bladder douche of peroxide of hydrogen, one to seven solution every six hours. Under this treatment the bladder trouble was soon overcome, and an uninterrupted improvement in the healing of the sinuses continued until every one was closed.

He left the sanatorium and returned to business the middle of August, a well man. The remedies besides the above mentioned which were prescribed for this case were silicea, calc. phos., nux vom., baptisia, arsenicum according to indication.

The class prophesied that this man would not live, he was so low and weakened under the anesthetic.

*(To be continued.)*

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## INSANITY.\*

### PAPER NO 3.

C. T. HOOD, M.D.

CHICAGO.

Insanity is a symptomatic condition, not a disease. Failure to recognize this fact and to appreciate it will make of the subject of insanity a complicated and misunderstood subject.

Let us first take up the diseases of the brain and the insanities that accompany them, and when our knowledge of brain diseases ceases let us study the various so-called forms of insanity as symptom groups only. That is to say, when we speak of mania, melancholia, etc., we do not mean a distinct disease, but simply groups of symptoms to which we have given a name. Here is a very strange yet a true statement. Similar mental symptoms may be produced by various organic and functional brain diseases, as tumors, spiculæ of bone, hemorrhage, wounds, injuries and the psycho-neuroses, as well as no demonstrable pathological condition.

This strange statement is also true. Antagonistic forms of insanity may be the result of lesions which so far as we can find are the same. This is also true. Every pathological condition

\* Correction.—In Paper No. 2, April number, fourth line from the bottom of page 462, the word "hallucination" should be "delusion."

that has ever been found in the insane has also been found in individuals who were sane at the time of their death.

Keep this fact also in mind. The form of insanity may change without any change in the diseased condition. So far our knowledge of diseased conditions will not allow us, except in the organic insanities, to connect diseased conditions with abnormal conditions of will, intellect and emotions. In other words, the real cause of all but a very few of the insanities is unknown. The only way that we can have a clear understanding of the subject is to treat what we call insanity as a symptom, with this in mind.

Let us make a classification. First, organic insanities. By organic insanities we mean those forms of mental derangement in which a true pathological condition is found, as meningitis, cerebral tumors, etc. They present no inherited diathesis. To this class belongs the change of old age and the imbecile.

Second, the constitutional insanities. The constitutional insanities are the insanities where the cerebral condition is due to an acquired or inherited constitutional disease. They may be subacute and chronic. They may result from poisonings, as the poisoning of syphilis, tubercular, alcoholic, lead, etc., or they may occur in the epileptic or in a hysterical patient.

Third, the pure insanities. These insanities do not depend upon any known pathological or constitutional diathesis. Of the pure insanities we have, first, the so-called functional insanities, and second, the so-called neuropathic insanities. The functional insanities are those that occur in one who has never shown any sign of mental impairment, and who may recover and remain well.

The neuropathic insanities are the result of a general nervous temperament. This class of cases do not show mental derangement, but they are peculiar, often called eccentric. They grow worse as they grow older. This is the form of insanity that shades so closely into sanity, where it is impossible to say when one is sane or insane.

The so-called functional insanities are the more important, and are, first, melancholia; second, mania; third, confusional insanity, and fourth, dementia.

Of the neuropathic insanities we have, first, constitutional insanity; second, moral insanity; third, paroniria, and fourth, periodical insanity.

## ORGANIC INSANITIES.

Of the organic insanities, or those insanities having a definite pathology, we have two forms. First, acute periencephalitis, or, as it is sometimes called, acute delirium, or delirium grave; second, chronic periencephalitis, or paresis: general paralysis of the senses, or paralytic dementia. Let us first consider the acute periencephalitis, pathology. First, there is an excessive hyperemia of the blood vessels of both the cerebral cortex and its membranes. Second, from this great hyperemia there comes an exudate into the lymph spaces, crowding the brain and its membranes. Third, as a result of the exudation, when resolution takes place, adhesions occur between the cortex and the membranes, destroying a portion of the cortex and resulting in loss of function. If we keep the pathological condition clearly in mind we will, I am sure, be much better able to understand the symptoms.

Acute periencephalitis is as common in men as in women. It is more common during the active period of life. It often results from the abuse of alcohol, profound grief, intense mental strain, particularly when accompanied by prolonged worry; as a result of starvation; it often follows acute fevers, or blows upon the head. It may also result from chronic diseases of the skull or the membranes of the brain. It may also occur from chronic periencephalitis. It sometimes occurs in the course of locomotor ataxia. Sometimes in hysteria, and not infrequently it follows the mental worry accompanying seduction.

The disease may have a very sudden beginning or it may have a period of prodromic symptoms. These prodromic symptoms are an actual increase in mental power. In others they consist of some delirium at night and some insomnia. We have two stages of the disease, due to the pathological changes present. First, the stage of acute maniacal delirium; second, the stage of stupor collapse and coma. If death does not result there will be a third stage, the symptoms of which will depend upon the extent of the adhesion.

Before you read any further, kindly refer again to the pathology, so that you may see the connection between the stages of the disease and the pathological condition, because, while in the true insanities we do not know the pathology, we can, by analogy, reason to a pathological condition existing. The blood vessels are markedly congested. The delirium, then, will be of the excited

kind. They endeavor to destroy everything within reach, break and tear, and to strike and fight those about them. Incoherency is present, hallucinations and delusions are present. These hallucinations and delusions are apt to partake of the cause of the attack, as a deserted mistress thinking of her shame, or the business man of his business. Extreme restlessness is present. The patient is not able to keep still and is constantly endeavoring to get out of bed and to run away.

The delirium at first occurs at night, but soon it becomes persistent accompanied by persistent insomnia, with violent outbreaks upon those about them. The pulse is rapid, but soft, the temperature from 103 degrees to 106 degrees, and the temperature is increased by a violent outbreak of excitement.

As the extreme hyperemia gives way to the extravasation of lymph, which may take place from a few hours to several days, so the first stage of the disease gives place to the second stage. The violent delirium gives way to low mutterings; the struggling ceases, the face becomes pale, and the body covered with a profuse sweat; the temperature drops, the pulse becomes soft, irregular and rapid, and we have all the symptoms of profound collapse, which, fortunately for the patient, very often terminates in death. Should the patient survive the collapse and resolution occur, there is left a mind devoid of some of its functions for all time, either drifting into chronic imbecility or chronic periencephalitis.

#### DIAGNOSIS.

Perhaps two-thirds of all who read these lines will say, "I probably will never see a case of delirium grave." Perhaps not, but what you may diagnose as a violent, or as it is sometimes called, a fuming pneumonia, with delirium, collapse and death, may be a case of delirium grave. In other words, I wish to call your attention to the possibility of the existence of delirium grave when you suspect pneumonia and insist upon a careful physical examination.

Acute cerebral meningitis may sometimes be mistaken for delirium grave, or vice versa. The thumb symptoms, the lack of active delirium and the violent pain in meningitis will enable you to distinguish between the affections. Acute mania does not have the high temperature nor the collapse.

Two-thirds of all the cases of acute periencephalitis die. A

high temperature, persistent insomnia and violent delirium are bad signs.

#### TREATMENT.

In a disease that is as fatal as is delirium grave, little can be done except to alleviate the suffering. First keep the patient quiet, by force if necessary. Remember that at first you have a violent congestion to deal with. Anything that will reduce that hyperemia will be of service, providing it will not hasten the collapse. Norwood's tincture of *veratrum viride* is the best drug I know in the early stage of the disease. It must be given in doses sufficient to produce a lowering of the pulse and temperature. One to three drops every one-half to one hour until the pulse and temperature come down; but do not use the coal tar preparations, on account of their depressing effect, as you will have a collapse to care for anyway.

Cold to the head; the ice bag, watching that as soon as any signs of collapse be present that the ice bag is removed. Sleep must be obtained if possible. If the indicated remedy, as belladonna, bryonia, hellebore, aconite, gelsemium, hyoscyamus, or any other remedy, fails to produce sleep, chloral hydrate used in sufficient doses to produce sleep is, I think, the best remedy. Why sleep is so essential is because arterial tension never fully relaxes except during sleep, and venous activity in the brain and its membranes is never at its height except during sleep.

THE OVIDUCT.  
ANATOMY AND PHYSIOLOGY.

BYRON ROBINSON, B.S., M.D.

CHICAGO.

(Continued from May number.)

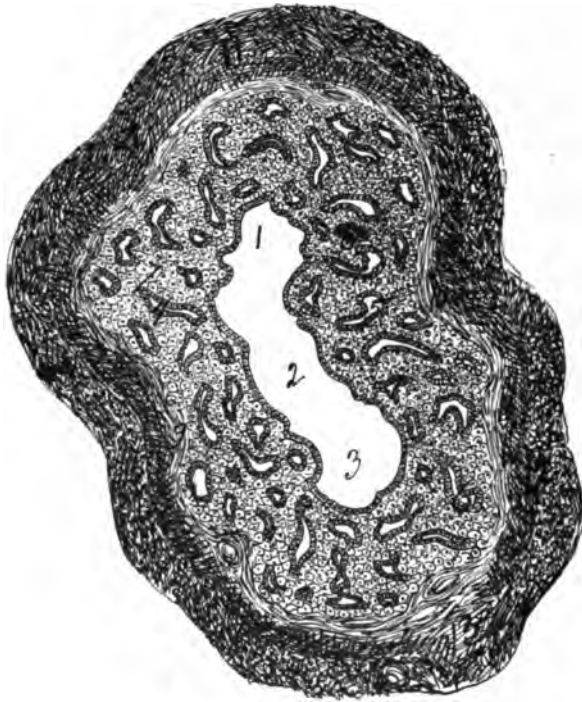


FIG. 7.—(Author.)

A CIRCULAR SECTION OF THE UTERINE HORN, SHOWING THE CORNUAL ENDOMETRIUM.

This section is one of a large number of serial sections of the uterine horn closely approaching the distal end of the intramural oviducal segment. It is surrounded by an irregular thin layer of cornual myometrium. Observe that the formaline in which it hardened contracted the myometrium irregularly, as is also noted in the irregular lumen.

Note that the cornual glands are not so regular in the straight or myometrial glands of the corporeal endometrium. 1, 2 and 3. Patent cornual lumen. 4, 5 and 6. Cornual glands. 7 and 8. The stroma of the cornua. 9, 10 and 11. The myometrium surrounding the cornua. 12 and 13. Same.

Dr. J. F. Burkholder kindly made for me from my specimens the numerous serial sections of the uterine horn, from which several were selected and drawn.

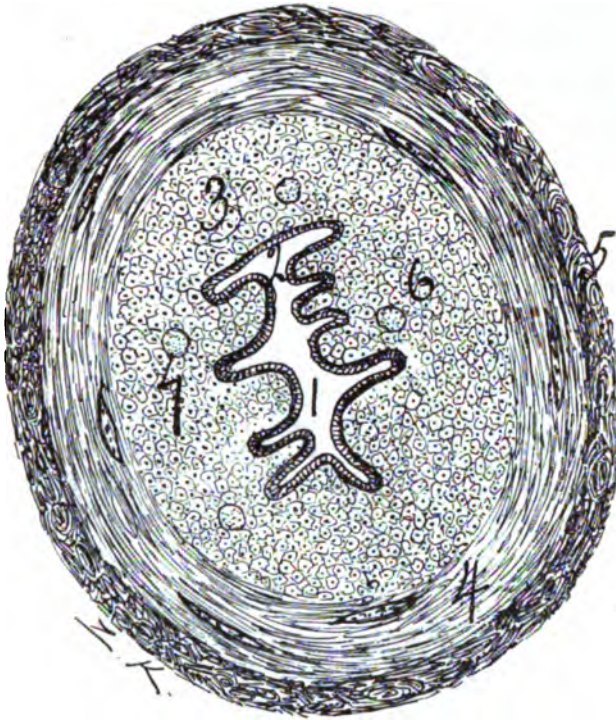


FIG. 8.—(Author.)

This cut (cornua of human uterus) is taken from a serial section of the uterine horn. It is the last one which shows distinct uterine glands; however, the glands look like endosalpinx folds. 1 and 2. Point to the cornual lumen. 3. Endometrium. 4. Circular myometrium. 5. Tunica fibrosa, which should be covered with peritoneum. 6 and 7. Vessels in endometrium.

Note in the internal and external parts of the circular muscular layer, irregularly distributed bundles of longitudinal muscles, which extend along the oviduct even where utricular glands exist.

### NO. 3.—THE ISTHMUS OF THE OVIDUCT (ISTHMUS OVIDUCTUS).

The isthmus of the oviduct is the distal third of the oviduct. It is the uterine or fixed part and consists of a straight non-convoluted, firm round cord, which will roll freely under the peritoneum between the finger and the thumb. It is in general the narrowest segment of the oviduct. It is a direct continuance of the uterus and is similar in all its coats. Its distal endosalpinx represents a few low parallel folds with comparatively smooth intervening furrows. The myosalpinx is thick and firm, while the serosa is quite movable on its base of cellular tissue and covers about three-fourths of the oviducal circumference, the distal surface ( $\frac{1}{4}$ ) is uncovered by peritoneum. The isthmus is one of the most important factors in diagnosing sacto-



salpinx oviducal tumors, as it can be palpated as the styled connection with the uterus. The isthmus is the only portion of the oviduct that can be palpated in a normal subject.

The folds of endosalpinx course longitudinally to the oviduct in parallel ridges. At the distal end of the oviduct the three or four

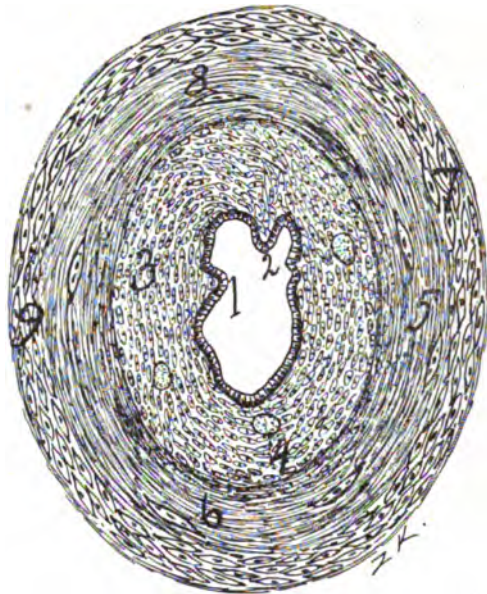


FIG. 9.—(Author.)

Oviduct (human) at the junction of endometrium and endosalpinx, i. e., at the zone of atypical mucosa. 1 and 2. Point to the epithelia, which is uneven and yet does not show a utricular gland appearance nor atypical endosalpinx fold. 3. Subepithelial tissue of the atypical zone of mucosa. 4. Points to one of the numerous large blood vessels. 5. Points to the powerful, large circular muscularis of the oviduct, the myosalpinx. 6 and 8. Point to longitudinal muscular bundles distributed irregularly throughout the myosalpinx, but mainly in two layers, one located internally and one located externally in the circular muscularis. 9 and 7. Indicate the fibrous layer, or tunica fibrosa, which is surrounded by the peritoneum.

The four great tunics of the oviduct are plain in this cut, viz: (a) endosalpinx-endometrial zone (atypical), (b) myosalpinx, (c) tunica fibrosa, and (d) peritoneum. This cut shows that the exact point of the beginning and ending of the endometrium and endosalpinx is indefinite and that they merge into each other.

parallel rigid crests project into the lumen, but the folds increase in size and number as they advance proximalward. There are no floating mucal folds in the isthmus; the folds of the endosalpinx being thick, rigid and parallel in the isthmus and forming adjacent smooth parallel grooves, furrows, the distalward moving oviducal current set in motion by cilia and peristalsis is enabled to utilize the

fluid filled grooves by forcing the ovum through them as waterways. The isthmus is  $1\frac{1}{2}$  to 2 inches in length. As it emerges from the uterine horn it is  $\frac{1}{6}$  to  $\frac{1}{4}$  inch in external diameter and at the distal end of the ampulla it is  $\frac{1}{5}$  to  $\frac{1}{4}$  of an inch in diameter. Its diameter is that of a truncated cone and its lumen will admit a fine silver probe. The isthmus originates from the horn of the uterus at the

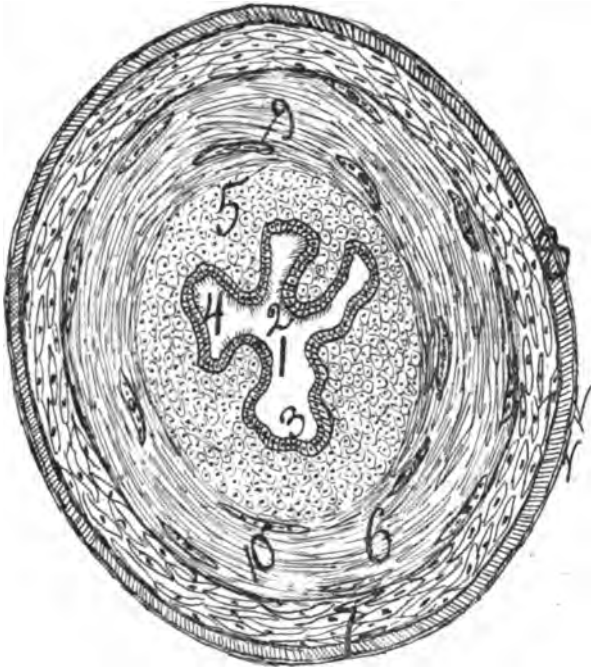


FIG. 10.—(Author.)

Intramural segment of human oviduct, secured by serial sections. It is the first section which shows distinct endosalpingeal folds. 1. Oviducal lumen. 2. Stands at the mouth of what might be viewed as a gland—it is an epithelial pouch. 3 and 4. Also might be viewed as glands. 5. Endosalpinx, subepithelial tissue. 6. Circular muscularis of the myosalpinx. 9 and 10. Point to the bundles of longitudinal muscles located chiefly at the internal and external parts of the circular layer. 7. Tunica fibrosa. 8. The peritoneum. Note the four tunics of the oviduct.

apex of a triangular space (lateral uterine triangle) composed of the origin of the round ligament anteriorly and the ovarian ligament posteriorly and the oviduct proximally. The isthmus of the oviduct passes in a straight line laterally toward the sacro-iliac joint in the proximal border of the ligamentum latum. It has a small short triangular mesosalpinx. The myosalpinx preponderates in the isthmus, endowing this portion of the oviduct with a firm, hard, cord-like

feel. The circular layer of muscles in the isthmus is thicker and stronger than the longitudinal layer. The thickness and strength of the circular muscle layers in the isthmus accounts for the relatively rare oviducal gestation in this locality, for the firm circular muscles will not expand to accommodate the space required for the delicate growing ovum. The strong, thick circular muscle layer and

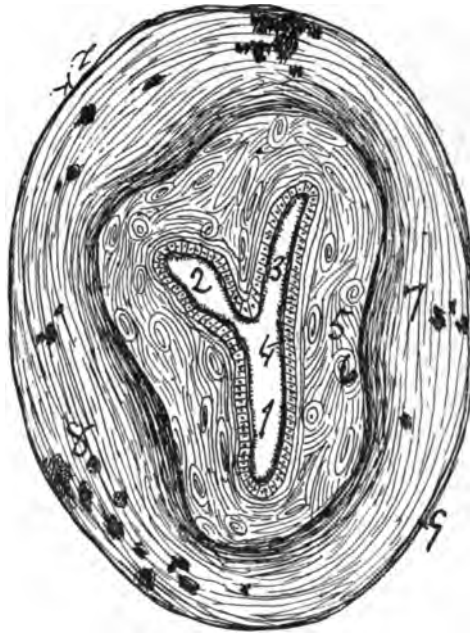


FIG. 11.—(Author.)

Is a cut, drawn from my own specimen, to illustrate the resemblance of glands in the intramural segment of the oviduct.

This section is taken from the distal end of the intramural segment. 1, 2 and 3. Represent evaginators of the endosalpinx in the oviducal lumen. 4. Points to the ciliated columnar epithelia. 5 and 6. Notes the rich vascular subepithelial tissue. 7 and 8. Represents the powerful circular layer, which is the only one present at the distal end of the intramural segment. The black spots in the oviducal wall are coloring particles.

No nuclei are represented in the subepithelial tissue.

the weak longitudinal layer preclude very much free peristalsis in the isthmus.

As regards position the isthmus constitutes what we shall term the horizontal segment of the oviduct. On dissecting away the perisalpinx and part of the tunica fibrosa (the bed of areolar tissue or subserosium) the isthmus appears like a white cord about the size of a small lead pencil. It is imbedded in extensive strata of loose

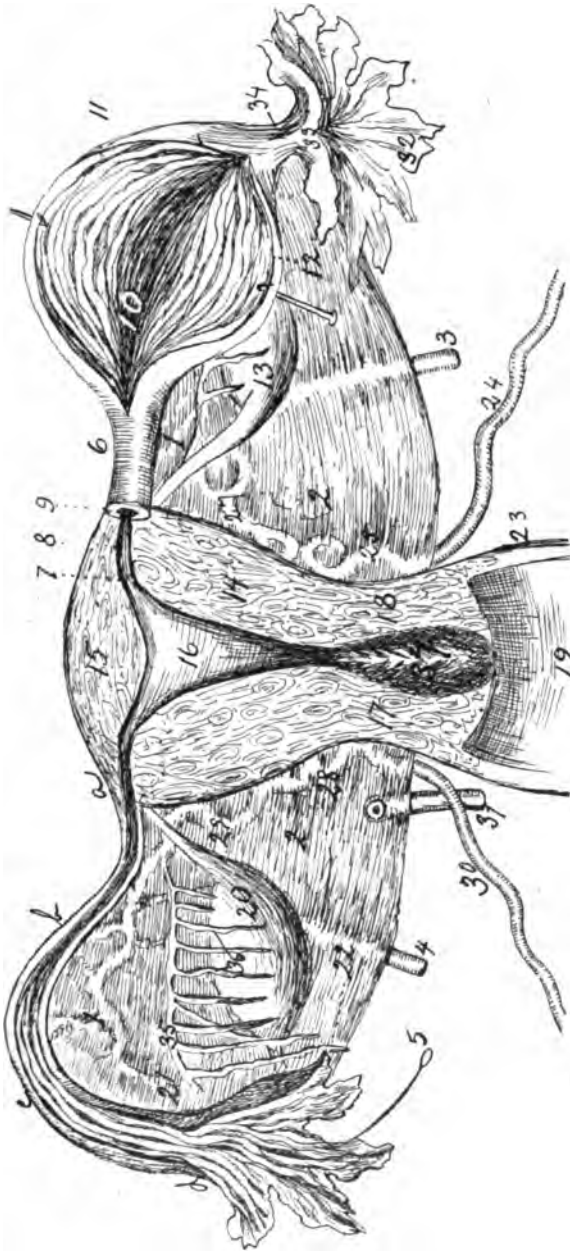


FIG. 12.—(Author.)

A cut to illustrate the internal genitals, especially the endosalpinx, receptaculum seminis, and the circulation. Posterior view. 1. 1. Mesosalpinx. 2. 2. Mesometrium. 3 and 4. Round ligaments. 5. Hydatid of morgagni. 6. Isthmus of oviduct. 7. Junction of ostium uterinum and intramural segment of the oviduct. 8. Intramural segment of oviduct. 9. Junction of intramural segment of isthmus. 10. Ovary and its ligament. 11. Myometrium, corporeal. 12. Wall of oviduct drawn by hook. 13. Ampullar wall. 14. Myometrium, fundal. 15. Fundal myometrium. 16. Cavum uteri. 17 and 18. Cervical myometrium. 19. Vault of vagina. 20. Ovary. 21. Artery in mesosalpinx. 22. Mesometrium. 23. Vagina. 24 and 30. Uterine artery. 25 and 27, 23 and 29. The two uterine arteries coursing close to the uterus. 31, 28, 28 and 30. Represents the tortuous segment of the utero-ovarian vascular circle, the genital vascular circle. 32. Ureter, which always passes distal to the uterine artery. 33. Fimbriae. 34. Ostium abdominale oviductus. 35. Abdominal oviducal sphincter. 36. Ureter of mesonephros, or Gartner's duct. 37. Canalis cervicis.

areolar tissue, which enables it to accommodate itself to the changing movements and volume of the uterus. It is about  $\frac{1}{3}$  of the size of the ampulla. On transverse section of the isthmus the circular muscular fibers are so strong that one can scarcely note where the opening was after a few minutes—a puckered, constricted point only



FIG. 13.—(Author.)

The isthmus of a sow. The animal was in œstrus (rut) and the vessels of the oviduct were engorged and distended. The oviducal wall is drawn slightly thicker than it should be.

The dotted line represents the perisalpinx. There are six principal folds, and about the same number of secondary intervening folds of endosalpinx. 1 and 2. Principal folds of endosalpinx. 4, 5, 5, 6 and 7. Intervening non-branched folds. 5 and 6. Show spaces which resemble tubular glands. 8. External longitudinal muscular layer. 9, 12, 13 and 14. Vessels lying chiefly between the circular and longitudinal muscular layers of the oviduct. 10 and 11. Shows by the dotted and black lines the main thickness of the strong, dense, circular muscular oviducal layer in the isthmus. The dotted line represents the perisalpinx. 15 and 16. Represents the vastly congested subepithelial tissue—a myxo-fibrous tissue.

The blood vessels appear to be regulated in general by the muscles of the external longitudinal muscular layer.

exists. The junction of the distal end of the isthmus with the proximal lateral border of the uterus is marked by the origin of the ligamentum teres and an atypical circular line of mucosa. The junction of the proximal end of the isthmus and the distal end of the ampulla is marked by a sudden dilatation of the lumen of the oviduct and a marked increase of the size and number of the folds of the endosalpinx. Also at this junction the ampulla begins to be tortuous, which increases proximalward. The isthmus possesses a remarkably loose

perisalpinx. It is from 1-15 to 1-10 of an inch in transverse diameter, while the lumen is practically point appearing and uniform. The thick muscular layer which characterizes the isthmus powerfully aids this straight segment to force distalward the ovum, which is enhanced by its smooth endosalpinx. So far as I am aware all investigators declare no glands exist in the isthmus. The isthmus or inner



FIG. 14.—(Author.)

The ampulla of a sow during oestrus. The blood vessels of the endosalpinx are engorged and highly distended with blood. 1, 2 and 3. Principal folds. 4. Secondary folds. 5 and 6. Intervening folds. 7 and 8. A space inclosed by glandular epithelium. 9. Mesosalpinx. 10. Longitudinal layer. 11. Circular layer. 12. Longitudinal layer. 13. Marks off by dotted line the strong circular muscular layer. 14, 15 and 18. Vessels. 17. Peritoneum.

The wall is disproportionately thick; however, the section is taken from the distal portion of the ampulla.

(median) third is practically composed of a powerful circular muscular layer which increases in thickness distalward and of a weak longitudinal muscular layer of a uniform thickness. Dr. Mary Dixon Jones claims that the isthmus has six distinct muscular layers exactly as exists in the myometrium. A submucosa as in the uterus does not exist. Perhaps oviducal gestation occurs once in the isthmus to ten times in the ampulla (receptaculum seminis). The folds of the endosalpinx in the distal isthmus disappear by very wide distension. In removal of the oviduct the ligature is placed around the isthmus.

(To be continued.)

## SURGERY AS A REMEDY FOR THE INSANE.\*

C. S. ELDRIDGE, M.D.

CHICAGO.

Mr. President and Members :

In response to a request by the chairman of the surgical section, I will present during the time granted me, a few thoughts upon the subject of insanity, some conclusions reached, as to the efficacy of surgical procedures in certain cases of mental aberration reflex in character. There is not a disease to-day confronting the medical profession presenting such a panorama of woe, through reflected influences, inducing so much sadness and apprehension in the public mind, as insanity. Phthisis, usually with comparatively rapid action, destroys its victim, and so soon as the end comes, time with its mollifying influence, steps in to mitigate grief and disconsolation wrought by the severance of fond associations. With a heartless dispatch, virulently contagious and fatal types of disease sweep our patients on into death's vortex, leaving us sometimes to ponder over errors we are all likely to experience, or perhaps, to wonder if our diagnostic ability be not dulled, or else possibly to worry over the unpalatable reflection that a more alert and painstaking brother might have better studied, better comprehended, and therefore better clinically managed a case wherein we failed. In such instances, however, the grave or the flame change the scene, and new phenomena, new thoughts and new duties, help the physician and mourner to forget. Insanity, on the contrary, with its increasing number of unfortunately afflicted people crowding the private and charitable institutions of the country so that hygienic conditions can scarcely be maintained, presents a picture intensely distressing in its effects, and imposes a reign of mental depression and anguish, worse than the tortures of an agonizing dream. Insanity, so many times persistent on account of overlooked causes, or on account of receiving only expectant treatment, is a spectre constantly before our eyes; a plague that will not be sequestered. Imprisonment, severe restraint, nay in some instances punishment, administered by irascible nurses, mark the management of this sorely afflicted class of

\* Read before the State Medical Association of Chicago, May 9, 1900.

unfortunates. Such a situation, which relatives and friends look upon helpless and hopeless, it seems to me should so impress medical men generally as to awaken in them a sense of the necessity of deeper delving, to determine if possible an indisputable cause for these cases, and establish a more potent method of treating this protean malady. May we not well ask ourselves whether this seemingly fixed aspect of things will not discount us in the minds of a thinking people? Our passive attitude concerning a matter that so vitally affects the human family, may well be criticised. If we can establish the etiology of insanity, it will certainly give us a greater leverage in our efforts to combat it. If we can be induced to stop chasing the phantoms of this subject, and indulge in sufficient reasoning to determine legitimate causes, and their legitimate sequelæ, a long step in advance will have been taken. Every physician should contribute some effort along this line of investigation, for each discovery or improvement in diagnosis, treatment or technic of operation, adds lustre to our profession, and promotes the weal of the human family. It cannot do violence to the highest professional or ethical sense of deportment to say (generally speaking) that insanity to-day, as was the case a century ago, has for its therapy principally cerebral sedatives, and for its adjuvant management essentially the espionage of nurses, and nurses at that often in their positions solely through political preferment, instead of winning the same by meritorious examination. It is not my purpose to give this statement an indiscriminate application to the asylums of the country, or have it apply to all men or women who have a voice in their management. A few retreats where people are assigned, afflicted with dethroned reason, have as superintendents men of advanced thought, coupled with truth-loving spirit enough to induce them to abandon barren therapeutic fields, for work along the lines of a more enlightened philosophy, inspired by a higher type of philanthropy than hitherto has been manifest. I have an admiration for the men and women possessing courage enough to drop time disapproved methods, honest enough to cease using treatment for insane people which has been proven obsolete by countless failures. To be satisfied with the present régime, is to be satisfied with what practically amounts to expectant treatment, a method infinitely worse than the Christian science fad so rampant to-day.



If we can be awakened as a profession from our lethargy and induced to make more earnest and intelligent search for causes, a new and encouraging experience will be accorded us. When that great arbiter of man's mental and physical destiny, viz., the sympathetic nervous system, is better understood than now, when the significance of reflected disorders, sent forth by a structure itself diseased to be presented vicariously at the body's bar of complaint, are properly interpreted, we will find ourselves less often treating the results of a lesion than we possibly are now doing; when, in other words, a lesion proper receives our attention, instead of its shadow, can we make encouraging headway. To fully realize that the brain is the great central receiving office of the human economy, where every command is issued to carry on the stupendous work required to meet the needs of such a complicated structure as the body, harassed as it is, deprived of its equipoise as it is by the ceaseless din of grievances, from organs and structures often under the stress of disease in the sympathetic realm, presents the situation as a miniature arcana. But we can illuminate the field of vision by establishing legitimate relationship between nerve supply and nerve function. The chronic ailments afflicting man and woman-kind are misleading in their manifestations, and why? simply because we do not correctly interpret the rôle of the great ganglionic nervous system. An organ presided over by the sympathetic—and what organ is not?—does not send its own ambassador to the bureau of complaint when in distress, but nudges its correlated fellow, in the cerebro-spinal department of life, to perform the function. The more people I see under the ban of mental aberration, the more forcibly do my conclusions teach me that the most potent factors contributing to their creation in either sex, are referable to the reproductive, or sexual, system. A pathological condition of the endometrium may not be visible to the naked eye, yet it is often present, and through sympathetic channels annoys and inhibits the equilibrium of some organ, or organs, preternaturally susceptible, until its ceaseless unwholesome influence overthrows a well ordered mental equipment, and permits some form of neurasthenia to supervene. When we learn that each systemic community, like a municipality, is made up of officials, and subordinates, prone to go amiss; that there are constantly occurring functional menaces, and messages annoying and disquieting in their

influence, that crowd the afferent and efferent cables laid in the spinal conduit, and reaching everywhere; I say knowing this, and the fact that Americans are epicurean in their tastes, eating at break-neck speed, and working as though each day would not be succeeded by another, can we wonder that minds finally falter, and ultimately fail? Too close and long continued mental strain, coupled with a slavish subserviency to the present day's social dictates, beget jaded and impaired working forces in the various offices and nutritive processes of the system. If we have sufficient data to convince us of these things, can we wonder at the increasing number of neurasthenics and the overflowing madhouses? Will the situation grow less embarrassing unless the community becomes more enlightened on the score of correct living, and our profession rises higher in the scale of excellence, in the diagnostic field? It follows as a reasonable corollary that a correct solving of causes begets a more enlightened foundation upon which to base treatment. It is a task of boundless proportions to make inroads upon the established customs of a people as independent as are Americans, but evils are not corrected without work and sacrifice. A large part of the people can be kept immune and escape ills that overwhelm so many. The community, however, can only be impressed and better indoctrinated by the profession's earnestly grappling with the problems mentioned, by the use of logic that convinces, and supplementing theories by hospital and bedside demonstrations indisputable in their conclusions, beneficent in their results. My belief is that so many of the insane are victims of lesions located remotely from the brain that to address our measures intended for their relief to the brain itself is a useless waste of time. If we assail such cases purely as prescribers looking for the drug similitum as the only instrument with which to combat such conditions we are certain to meet disappointment. Long since I was forced to the conclusion that insanity usually has its primary disturbing influence of a pathologic character located oftener without the dura mater than within. The assertion, I think, may with safety be made that examinations of the inmates of the asylums of the country—these examinations to cover both sexes—would show an astonishing percentage having clear and well defined lesions of the genitalia or reproductive system, one or both. This unfortunate class of people in large part find their way

into state institutions, and their relatives and friends, with appeal stamped upon their countenances, stare the appalling fact in the face that practically nothing beyond palliation is rendered them as treatment.

Not long since I was requested to visit an insane lady in a large Eastern city. The patient was unmarried and twenty-six years of age. As she was confined in one of the asylums in the outskirts of the place, I was invited to see her there. I went to the retreat in company with the patient's mother, and a cordial reception was accorded us by the physician in charge of the establishment, although he is of the opposite school. He instructed the matron to render me all possible assistance in making the examination I proposed. Subsequently she and two nurses aided me in a thorough examination of the case. It surprised me not a little, and doubtless will those present, to learn that specula, dressing forceps, and a uterine sound for which I made requests—mine being yet in the custody of the railway company—were not furnished by the directorate of the establishment, and that the tendency of the governing board of directors was to discourage examinations such as are usually made by thorough gynecologists. I leave you to judge whether those in authority in this and other institutions similarly conducted are not leaving undone those things which humanity and progress demand shall be done.

I doubt not an astute and well-equipped gynecologist, or a corps of them, could visit the various places in this or any other country where the insane are quartered, radically cure and remove from their thralldom such an astonishing number of this unfortunate class of patients as would startle not only the medical and surgical, but the lay world. How are we to establish the relationship of cause and effect between local lesions and the phenomena they produce? The systemic disturbances incident to puberty, the parturition crises and phenomena of the menopause, and the erethisms of the sexual sphere, show the variations of susceptibility and hint at the possibility of mental and nerve perturbation being carried to the point of unbalancing functions or minds. Of course in ordinary instances they keep reasonably within physiologic limits, but the resemblance to the morbid phenomena of neurasthenia is suggestive of the possible scope of cause and effect. If it be correct that on the physiologic side local conditions impart

wholesome manifestations, then it must follow that pathologic areas also reflect their presence through malnutrition and impaired functionation. The reflected phenomena of local lesions outrank the objective symptomatology. Take a case of shock from injury, to illustrate; there is a blanching of the cutaneous capillaries, disturbance of respiratory and cardiac rhythm, prostration, anxious expression, followed by excretion of uric acid in excess. These phenomena arise from a disconcerted sympathetic nervous system and from abdominal brain shock, so detrimental to bodily interests. If shock from injury blanches the exterior of the body it blanches its interior. If it disturbs rhythm and enfeebles peristalsis, is it not reasonable to suppose that fixed lesions beget a kindred condition on a chronic scale, wrecking health through the same channels?

*(To be continued.)*

## CONSTITUTIONAL EFFECTS OF URETHRAL STRICTURE.

HOWARD CRUTCHER, M.D.

CHICAGO.

Perhaps it is well to begin the consideration of this subject by defining the term "Stricture." I understand organic stricture of the urethra to arise from a denudation of its mucous lining, followed by fibrous replacement. The fibrous tissue constitutes a dam in the urethra, which of itself would be of no great consequence; but behind this dam is sheltered a pouch of pus containing the germs of mixed infection. The presence of this pus pocket explains why urethral stricture continues to contract with age. It is rare that stricture interferes seriously with the urinary current, and pain is an unusual accompaniment of the condition.

Of the constitutional effects following gonorrheal infection, gonorrheal rheumatism is perhaps recognized more widely than any other, although serious reflex symptoms affecting the nervous system are by no means rare. Gonorrheal rheumatism has been recognized for generations and is often mentioned by the older authorities in medicine. Da Costa (Medical Diagnosis) says of gonorrheal rheumatism that "it does not come on early in a case of gonorrhea and that the joint affection appears really to be of

pyæmic origin. Mr. Barwell (Diseases of the Joints) reports some cases of gonorrheal arthritis and says, "Urethral synovitis is generally the result of gonorrhea, not in the acute stage, but of a long standing, obstinate or neglected attack." Sir Thomas Bryant (Practice of Surgery, fourth edition) says of gonorrheal rheumatism, "An affection so-called is an undoubted complication of the disease, explain it as we may. . . . It rarely appears during the acute stage of the affection, mostly in the chronic, but the arrest of the discharge cannot be associated with its appearance."

None of these authorities mentions stricture with its accompanying infectious pus pouch as the cause of the gonorrheal rheumatism. The literature on the subject is very extensive, the general agreement appearing to be that gonorrheal rheumatism almost always attacks the knee joint, very rarely the ankle, and occurs with extreme rarity in the joints of the upper extremity; that the joint affection is seldom present during the height of the urethral symptoms, and that it occurs more often in men than in women.

In all the cases of gonorrheal arthritis coming under my care I have, without exception, been able to demonstrate the presence of urethral pus pockets behind strictures of inflammatory origin. I cannot conceive of a case of gonorrheal arthritis springing up spontaneously without a definite focus of infection; and when such a focus is found behind a fibrous dam in the urethra the connection between cause and effect would appear to be amply proven to all practical minds.

It is noteworthy that cases of joint disease of gonorrheal origin sometimes occur long after the subsidence of the acute symptoms of the original malady and not infrequently after the patient, supposing himself to be cured, has dismissed the case from his mind.

Some patients will, of course, deny the possibility of such a factor as a cause of their troubles and great tact is required to deal properly with these cases. In certain instances a patient will refuse absolutely to accept treatment, denying to the last any history of venereal infection, and such exhibitions of sheer stupidity are sufficient at the outset to deter a careful practitioner from entering upon a task utterly hopeless.

In all cases of arthritis where the history of the case is questionable, it is by all means advisable to explore carefully the male urethra. For this purpose the bulbous bougies are indispensable.

The graduated steel sounds will pass the stricture without giving the slightest evidence of its presence.

I have seen no case of gonorrheal rheumatism occurring in a woman, although such cases are of record.

Gonorrheal rheumatism is by no means the only constitutional malady due to gonorrheal infection. Lydston (*Twentieth Century Practice of Medicine*, vol. I, p. 5-11) mentions malnutrition, hypochondria and malaise as conditions of frequent occurrence in organic stricture of the urethra. Some of the most obstinate cases of general nervous depression that I have seen have been caused by this condition and have been removed promptly by the removal of the stricture. In fact, I know of no reason why an undrained urethral pus pouch should not produce as great a crop of troubles as a similar condition located elsewhere in the body. A rectal ulcer assuredly excites abundant surgical interest, as well as other ulcers that might be mentioned. Surgically speaking, a urethral ulcer cannot be justified, and its presence must be regarded as a menace to the general health so long as it remains. Such a nidus of mixed infection must be held responsible for various conditions, even when no positive connection is demonstrable between them. Certainly the practice that removes without delay a nodule from the mammary gland cannot look with unconcern upon a half hidden, undrained pus pocket in the human urethra.

It is not my present purpose to discuss the treatment of gonorrhea in the male subject, much less to consider the question of urethral injections in the acute stage of the disease. It is proper to say, however, that I regard powerful chemical injections as responsible for an overwhelming majority of gonorrheal complications. This view, however, will be held in time, I think, by all practitioners. Lydston, whose authority can hardly be questioned, says the use of strong injections gives rise to endless troubles.

The American Text Book of Surgery, last edition, page 911, says of injections: "Those which are strong enough to exert a sufficient germicidal action are locally so irritating as to be harmful or unbearable. This class includes nitrate of silver, carbolic acid, chloride of zinc, etc., . . . all of which have been faithfully tried in many cases and by competent surgeons, the concurrent testimony being that when used in sufficient strength to sterilize the discharge they produce an amount of irritation and swelling,

ardor urinæ, chordee and, exceptionally, urethral ulceration that far outweighs any advantage to be derived from their antiseptic properties."

Finger, as quoted by White (Dennis's System of Surgery, vol. III, p. 750) says: "After having tried both abortive treatment and later the injections, concludes that although the disease runs a milder course under the abortive treatment, it is nevertheless more protracted, and that the gonococci and leucocytes remain longer in the secretion than when the injections are postponed until the acute inflammatory symptoms have somewhat subsided."

It would appear to be a curious confusion of terms to apply the word "abortive" to a method of treatment that prolongs the malady which it is supposed to cut short. It is the treatment that is abortive. The gonorrhea is not aborted.

Da Costa (Manual of Modern Surgery, last edition, page 818) says: "Recent studies render it almost certain that there is no really abortive treatment. Abortive treatment, to be efficient, would have to be carried out before the gonococci penetrated the epithelial cells. In other words, would have to be instituted before the symptoms of the disease appear." Da Costa quotes Jouet as doubting if a case of true gonorrhea was ever aborted.

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## DIAGNOSIS AND TREATMENT OF UTERINE CANCER.

E. N. LEAKE, A.M., M.D.

FREMONT, NEBRASKA.

The diagnosis and treatment of uterine cancer has devolved upon the writer from necessity, and has grown into a very interesting subject. Cancer seems to be a disease of civilization. Pathologically, it is perverted nutrition, and while there seem to be many exciting causes, I believe the vis a tergo is the nervous system. The microscopic examination of malignant growths reveals the fact that they are made up of the normal cells of the different tissues of the body, but found in abnormal conditions and positions. The cells, instead of occupying regular positions as in healthy tissue, are in a very irregular conglomerate state. Excessive worry and grief seem to be a prolific cause. Lacerated cervix is known to be

a fruitful exciting cause; however, it requires more than the laceration. Plenty of women live to ripe old age with badly lacerated cervixes. How often a woman after great grief and business worry (coincident upon the death of the husband, perhaps) will develop malignant ulceration of a torn cervix. However, nowhere in the domain of medicine is it more true that "*Qui bene diagnoscit, bene medebitur*," and in most cases the burden rests upon the shoulders of the general practitioner, for it is to him the woman first applies for the relief of one or more symptoms which are present. To attempt to make a diagnosis from symptoms alone is not only dangerous, but impossible. There are no symptoms pathognomonic of the early stages of uterine cancer. Pain, hemorrhage and discharge we were formerly taught, were symptoms of uterine cancer; so they are, but these symptoms indicate that the case is a hopeless one. Pain is unfortunately associated in the minds of the laity with the development of cancer in any part of the body.

How often when patients are chided for not attending to themselves sooner, they say, "Well, Doctor, I would have come sooner, but I have had no pain whatever till recently." Of all the aids to early diagnosis of uterine cancer pain is the least valuable. Discharge is present very frequently when there is a uterine cancer, but this discharge, in the early stages, is not due to cancer, but to the pre-existing endometritis, and no doubt catarrhal inflammation of mucous membranes play an important rôle in predisposing to the development of malignant disease. Hemorrhage presents a more valuable diagnostic hint, so to speak, in arousing our suspicions; more it cannot do. We certainly cannot diagnose cancer of any organ by hemorrhage, and least of all can we do so in the one organ that is subject to physiological hemorrhage. However, hemorrhage from the uterus, either as menorrhagia or metrorrhagia, should always at any time of life be looked upon with suspicion, especially so at the menopause. Dr. Winter truly says the menopause is the bugbear to the early diagnosis of uterine cancer. How many hundred women yearly lose their lives because the menopause is blamed for symptoms that are produced by malignant ulceration, and incidentally to almost anything female flesh is heir to. How frequently are we able to trace back the symptoms of an advanced uterine cancer to a neglected sanguineous discharge coming on about the time of the menopause. On the other hand we are too prone



to look for this disease in advanced age. Bäker's statistics from the University clinic of Budapest showed that from 1882 to 1895, 11,095 women were treated; 705 had uterine cancer—6.35 per cent. Of the 705 women with cancer there were between 21-25 years, 14; 26-30 years, 45; 31-35 years, 90; 36-40 years, 134; 41-45 years, 157; 46-50 years, 127; 51-55 years, 71; 56-60 years, 44; 61-65 years, 15; 66-70 years, 5. During the years of sexual activity, 21-45 years, 62 per cent. At time of climacteric, 46-55 years, 28 per cent. After climacteric, 9 per cent. These statistics demonstrate conclusively a fact not generally recognized, viz., that the majority of cases of uterine cancer are found before the menopause, and quite a few during the earlier years of sexual activity. We must therefore be on the lookout no matter what the age of the patient. Endometritis is undoubtedly an etiological factor. Bäker found in seventy cases of removed uteri only three did not have endometritis. As endometritis is common in nulliparæ as well as virgins, we may expect to find, as we do, cancer in these cases. Many observers think now that lacerations have little to do as predisposing causes of cancer. Williams and Fehling both declared lately they never saw a carcinoma originate in a tear, and I believe they seldom do, but I have seen a great many epithelioma originate in a tear. The general etiological factors, such as heredity, overwork, mental worry, poor food, etc., play an important part here. In summarizing we may conclude that no age is exempt. We may find it in early life, middle age, and more rarely old age. It develops in virgins, in nulliparæ as well as in multiparæ. It frequently develops from a cervical tear, but more often from chronic endometritis. Since there are no symptoms to be relied upon, what means have we to-day for arriving at an early diagnosis of a malignant uterine growth? First, inspection and palpation with or without anesthetic; this does not reveal the character of the structure; then it is our aim to diagnose cancer before it can be felt.

Second, dilatation of uterine cavity with introduction of finger will only reveal to us at best the location to be most carefully curetted.

Third, microscopic examination of uterine scrapings.

We often find in the same uterus areas of approximately normal tissue side by side with areas showing malignant degeneration. Therefore the uterus should be scraped most carefully to remove

as much tissue as can safely be done. For this purpose the cervical and uterine canals must generally be dilated and a sharp curette should always be used. Wiemer says not the slightest reliance can be placed on an examination of scrapings removed by a dull curette. Very often the growth starts as a hard nodule, over which a dull instrument will glide without removing any part of it. Then again some new growths originate some distance from the surface which only a sharp instrument can dislodge. The amount of time and labor that is sometimes required to arrive at a positive diagnosis can be appreciated only by those who have interested themselves in the work.

What can we hope to accomplish by this labor? We can gradually increase not only the number of operable cases, but also the number of permanent cures of uterine cancers. The technique of hysterectomy, both abdominal and vaginal, has been brought to such a stage of perfection that it would be difficult to improve upon it, and still the statistics of hysterectomy for cancer are lamentable as regards permanent cures.

Jacobs, of Brussels, a most skillful operator, reported, three years ago, seventy cases of uterine cancer in which he had removed the uterus—only three were alive three years after the operation.

Thorn, of Magdeburg, recently reported that after five years less than 30 per cent of the operated cases were alive. This is due to the fact, he says, that 70 per cent of all uterine cancers are inoperable at time of first examination, and of the remaining 30 per cent there are many in which the disease has extended beyond the uterus. These facts reveal the trouble not to be with the operation, but with the time of operating.

Winter, in Berlin, has for several years been urging the profession to make early diagnosis with aid of microscope, and his work in this direction is bearing fruit in that more women every year are coming early for treatment. In forty-seven cases Winter pursued the methods of the doctors in their treatment of this disease. In about 50 per cent vaginal examinations were made immediately. In six cases where such examinations were made the doctors treated with caustics and douches. In fifteen cases, in spite of pelvic symptoms, such as hemorrhage, discharge, etc., no examinations were made, but were treated symptomatically until the patient made a change in doctors. Generally the doctor reas-

sured the patient because the discharge had no odor, forgetting that when the discharge is offensive the case is generally hopeless. Winter declares uterine cancer is a local disease, is curable in every case if operated soon enough. In a similar vein Fritsch remarks that if we cure fifteen uterine cancers definitely we would have cured the other eighty-five just as definitely had they come for treatment as early as the fifteen. I will not quote statistics of American operators, but will say the percentage of early cases of cancer is larger in Germany than here. The cause for this is to be found solely in the fact that there the microscope is being continually employed for the examination of uterine scrapings, and often an ordinary case of endometritis turns out to be the beginning of malignant ulceration.

This indeed is tedious work, but we must remember upon our diagnosis a human life depends. Malignant disease must by the scrapings be diagnosed from:

First, endometritis, glandular or interstitial; this with practice is usually easy.

Second, neurotic myomata; the presence of muscular fibers aids in this diagnosis.

Third, malignant degeneration of long-standing polypi is not uncommon.

Fourth, placenta retenta.

Here the question arises whether we have placental tissue or the carcinoma syncytiale of Kossman.

The most exhaustive paper on this subject is that read by Gessner of Berlin before the Berlin Obstetric Society in November, 1896. His work was done at University clinic in Berlin from 1890 to 1896. Fifty-eight hysterectomies were performed on account of malignant disease of the corpus uteri. In eleven cases of carcinoma and in three cases of sarcoma the tumor was felt. In three cases polypi which were removed were found to be sarcomatous. In the remaining forty-one cases the diagnosis was made solely from the microscopic examinations of the uterine scrapings.

Case 1.—Mrs. S., aged 43, was treated for pneumonia. During her convalescence she remarked she had womb trouble, that her menses were profuse and was having a bloody discharge most of the time. One year after I was called to see her for a continuous uterine hemorrhage. When my finger entered the vagina I

first thought it contained a large afterbirth, but soon found it was fixed and very friable, handfuls of it coming away with no trouble by using the vaginal speculum. The growth resembled a cauliflower. Patient died in three months.

Case 2.—Mrs. N. came into the office Monday morning; said she had had womb trouble for three years, and been under the care of two physicians during that time. The last had been treating her locally for the past year, the doctor deciding she did not know what the trouble was. Was unable to have stool without active physics; other movement was very painful. Upon examination found womb size of child's head, almost completely filling pelvic cavity. The knowledge of the character of the trouble was a great and painful surprise. Lived three months.

Case 3.—Mrs. M., aged 44, came to me for dysuria. Didn't know she ever had any womb trouble—had noticed menses lasted longer, sort of dribbling for a week after regular menses. Examination revealed active ulceration of neck of uterus, scrapings from which revealed typical epithelioma of six or eight months' growth that started in laceration of cervix. A vaginal hysterectomy was performed skillfully. Six months after, there being no recurrence, a badly torn perineum was repaired. The patient remains well, fourteen months having elapsed since womb and appendages were removed. This patient took *ars. alb.* 6x previous to operation, sulphur and *lachesis* afterward. I believe the indicated homeopathic remedy before and after treatment as important as the operation.

The writer has prolonged life in some operable cases with the sulphate of zinc paste; the local use of *ars. alb.* 2x, also the active acid treatment locally and internally; but I have great faith in the careful selection of the indicated remedy to correct the misapplied cell life of the body. Such remedies as sulphur, *sanguinaria*, *lachesis*, *lycopodium*, *phytolacca* and *conium* or any remedy indicated.

In non-operable cases Ethridge has lately brought to notice a new substance discovered by some German scientist called carbide of calcium. The method of use is as follows: He says: "After determining that I have a carcinoma uteri the necrotic tissue is thoroughly removed by curetting under anesthesia till firm tissue is reached. Hemorrhage from arterial twigs is checked by the Paquelin cautery; free irrigation with very hot water is then used to

check the oozing if necessary. It is desirable to have the seat of operation as dry as possible before using the carbide. Into the cavity, which extends to a greater or less extent into the body of the uterus, a piece of carbide about the size of the last phalanx of the thumb is placed. At once acetylene gas is evolved, which quickly fills the entire cavity with a froth like soap bubbles. The cavity is at once packed firmly with iodoform gauze. The vagina is packed full of same down to the ostium. The patient is then put to bed for three days, when the gauze and the carbide remains are removed and a new piece is used. The carbide remains are nothing but a grayish clay, covering the cavity of the body of the uterus. It can be sponged and irrigated away in a few minutes, dried by sponging and then prepared for another application of carbide. After a series of such applications the ragged necrotic faced ulcer is converted into a simple clean ulcer. It presents a base covered to all appearances with pinkish red granulations destitute of the gray color which characterizes its former appearance. After a few treatments the edges of the cavity begin to draw in and the area of the crater is diminished. Its appearance impresses one that it has taken on a healthy character. Persistence in its use is followed by progressive contraction, till finally the cavity is entirely obliterated. There is a puckering of the vault of the vagina around the small uterine os that remains, the whole field being covered by healthy pink mucous membrane.

This is the best treatment of which I am cognizant for carcinoma of the body of the uterus in non-operable cases, and will oftentimes cure if the case has not progressed too far. The early diagnosis followed by vaginal hysterectomy, the operation preceded and followed by the indicated homeopathic remedy, is the ideal and successful way to treat uterine cancer. I believe the profession must be educated to the early diagnosis of uterine cancer just as they have been educated to the early diagnosis of appendicitis and ectopic gestation in order to reduce the fearful mortality of this dread disease.

## EDITORIAL DEPARTMENT.

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### MEMORIAL ADDRESS.\*

Mr. President, Members of the American Institute of Homeopathy, Fellow Doctors and Friends, Ladies and Gentlemen:

Are we spiritual beings now, and are we living at the present time only with folded faculties in the spiritual world? Are we born into the spiritual world when we die to this world? Or is the spiritual world an unreality, and is what we call death annihilation?

Every time that a life which is dear to us goes out from our observation and conscious companionship these great questions spontaneously confront us and demand our consideration. They are as old as love, but will never lose their interest for humanity until they are satisfactorily solved for everybody, or until love itself dies out.

We work like mad for fame and fortune; we strive with our fellows and strain every nerve to excel in the race of life; we get hot in the chase for what we fancy is essential to our happiness, and too often forget the other fellow until he tires and falls out of the race, and the rushing stream of time buries him beneath its waters. Then if we loved him we are made painfully conscious of it by our loss, and as soon as we realize that our friend, our companion, is gone beyond recall, the scroll of our memory instinctively unrolls itself and the passing panorama of our mutual experiences suggests many things that we would like to say, and perhaps some things already said which we would fain recall. An irresistible longing to see him again seizes upon us, and for a longer or shorter time, according to the depth of our affection, do we lose our interest in matters of present moment and ponder the hereafter. The general questions of the existence of a spiritual world and its whereabouts are supplemented by those of more personal interest. Do friends meet and know each other there? And can they remember, and talk to each other face

\*Read at American Institute of Homeopathy, held in Washington, June 20, 1900.

to face? And will they be the same or different? These and a multitude of similar questions spring up within us and plead for answer.

This experience is universal, and makes the question of the future of such burning interest to every man, woman and child of earth that it never ceases to command our profound attention.

Of course, everybody hopes, everybody believes, everybody trusts, everybody fancies and dreams to a greater or less extent, according to the stage of evolution at which he has arrived. We have all read the prophets and are a Christian people. We all have intuitions and innate longings which nothing short of fulfilment can satisfactorily explain, but our yearnings are for positive, personal knowledge, and they are sure to keep us asking and listening, guessing and waiting until they are satisfied. There have been many earthly pilgrims of whom we have all heard who, by their pure and self-sacrificing lives, have progressed so far in the masonry of life that interior truths which are wisely hidden from the uninitiated have been revealed to them, and they have been permitted to favor us with ample assurance that in due course of events all will be well. The time allotted for the memorial exercises of the present year is all too brief for even a superficial consideration of what spiritual knowledge is at our command, and by what processes it can be secured to those who are ambitious to become students in this higher school of learning, and we are forced to pass the great subject by with the all too unsatisfactory reflection that most of us belong to the great mass of the uninitiated, and distrusting the testimony of what is beyond our personal experience, whether we will or no, we are constantly striving to penetrate, each one for himself, the mysteries of the unseen.

Our losses, our own future, our hopes for peace and satisfaction somewhere, somehow, sometime, inspire us to continually tug away at these great universal questions. So close do they lie to all our hearts indeed that when we are not remembering we are all of us mostly dreaming.

The procession of the dead, so far as our material world is concerned, promises to be as long as time, for it began with history and so far has kept pace with it, and there seems to be little prospect that this order of events will be materially changed. The span of individual life may fluctuate somewhat, but the ultimate passing of every form of earth-life seems universally and permanently estab-

lished as an order of creation. Every family feels it, every community feels it, every town, city and nation feels it, every organization feels it. The American Institute of Homeopathy is no exception to the rule, and the memorial exercises which are a part of its annual program are held in recognition of the fact that the death sentence hangs over us all, and that while the censor is introducing new members into our ranks the necrologist is equally busy in notifying us of members who have taken their final departure from our midst. Our "God's acre" is already more populous than our parliament of active membership. This, however, is in no wise different from every other organization of human beings, be it large or small. The long continuance of any society or association of men is invariably accomplished by the overlapping of lives, for while some are coming others are going, and it is thus amidst meetings and partings that all our work is accomplished.

It seems a matter of importance that the memorial suggestions should be cheerful and encouraging rather than melancholy; that in considering our dead we put such interpretation upon our losses of the year that, while we adequately express our appreciation of those happy ones of our number who have finished their earth work and gone on before us into the regions of the unknown, we at the same time gather from our meeting the benediction, the consolation, the courage, the good cheer, the hope, the zeal, the high aspirations and worthy purposes which are needed to justify our coming together and to save us from the paralysis of endeavor so sure to come on after grief and pathos.

A great librarian is said to have consoled himself for the loss of his library with this philosophical reflection: "If my books have taught me anything, they have taught me to do without them." The parent who fails to develop the conscious individuality, the independence, of his child is but dooming him to failure and defenselessness when his own protecting arms are laid to rest. The teacher who becomes a necessity to his pupil is inadequate to his task. When I cannot spare my friend, my companion, my fellow-traveler, I not only deprive him of his liberty and interfere with his soul's progress by my inconsiderate yearning for his constant companionship, but at the same time part with my own self-reliance. To enjoy, to appreciate, to profit by an earthly companion, may be to love him; but to bid him good-bye in the gladness of a genuine



"God speed you" when the further progress of his own soul demands his leave-taking is to love him more. All mourning, wailing and consciousness of loss are but forms of disloyalty to the departed, and invariably spring from self-interest. The more anyone becomes necessary to our happiness and prosperity the more he is our idol, our hero, and hero-worship involves this misfortune—the object of devotion is but mortal like ourselves, and is sure sooner or later to prove himself unworthy of devotion. We may safely anchor to what is God-like in quality, but we must prepare ourselves at all times and in all places for the passing of forms.

These sentiments contain no element of disrespect to the dead, great or small, but on the contrary betoken the highest, purest and most unselfish love for them. "Good-bye" when properly purified of self-interest is a sacred word that presses on after a vanishing soul like a benediction, full of gratitude for what has been and hope for what may be. It should never contain the element of sadness.

We are each of us born alone, and must live and die alone. Every friend and outside thing upon which our affections are placed is sooner or later taken from us, and there is no consolation for our suffering, no satisfaction for our yearning, no peace for our anguish, no rest for our weariness, except in God. "Come unto me all ye that labor and are heavy laden, and I will give you rest" is an expression, not of mere religious sentimentality, but of a law which belongs to the science of living, and with all other well established psychological laws should be taught in our high schools. Earthly companionships at their best are but short plumb lines inadequate to the task of sounding the depth of the soul. In that deep silence God reigns alone. It seems easy to feel his presence in health, in prosperity, and in the fullness of life; we must look for him also, and seek for him until we find him, in sickness, in adversity, in death. "Thy will, not mine, be done" is the most important, yet the hardest lesson of life. Theoretically, it is mere presumption on the part of any man, woman or child to set his heart on any of the happenings of time. The program of a single day would be a frightful responsibility to rest upon human judgment, and who of us is so bold as to crave it? Practically, however, we find ourselves longing, hoping—yes, and praying, for this thing and that. If we could we would miss our discipline, we would limit our companionships, we would excuse some of our acquaintances from further existence before

their time had come to a proper end, and we would cling to others who but for our importunity would find their better advantage in passing away. We would have the world different. Cause and effect as it now exists would change hands, and we would play sad havoc with the established order of things. Poor, ignorant, conceited, shortsighted mortals! We would be but indifferent, contending, impossible gods. We would disagree among ourselves and fail in our purposes. Fortunately it is otherwise ordained, and our only hope for peace and happiness lies in complete and continual submission to whatever of the inevitable is meted out to us. While, however, we can do but little to shape events, we can do everything with our interpretation of them. It is not what happens, but how we take what happens, that makes destiny for each one of us, and the sooner we thus attune our wills to the divine purpose in things, the speedier will be our emancipation from care, trouble, sorrow and defeat, and our ushering into the "joys that passeth all understanding."

Of our members who have died since the last report of the necrologist, some were conspicuous for the active part they were wont to take in the work of the institute, while others only listened and thought and voted. Those gifted with abundant power of speech have played their part so well that a considerable part of the valuable materials stored in the published reports of the various bureaus for a long succession of years is accredited to their labors. They have added to the earnestness, dignity and efficiency of our great body, and there is much in our constitution, by-laws and standing resolutions that will live on as perpetual monuments of their intelligence, industry and public service. The quiet workers of the Institute, however, have played their part with equal fidelity and must be accorded an equal share in whatever has been accomplished. No man's voice ever became the voice of the Institute without the approval of the Institute itself. Due appreciation will never be denied the writers, debaters, and orators who have in the past presented and defended topics of vital interest. At the same time the silent members, those who have never taken the floor, who have never obtruded the fact of their presence upon its sessions, but have listened, reflected and cast their ballots, must ever be regarded as constituting a large part of that great undercurrent of mentality which goes to make up the very soul of our organization, and which,

in reality, is wholly responsible for every suggestion that passes to adoption, for every resolution that ultimately achieves endorsement. The power of speech is self-assertive, but the power of silence is too apt to be ignored and underestimated. If Grant were great, the spirit of the army and country whose mere servant he was, whose will he simply executed, and whose sentiments he stood for, was greater. The leaders of the Institute could not have been such had they not had something to lead. Let us, then, in speaking of our departed members on this memorial occasion, omit all personal mention and tribute, all comparison and details of personal achievement, and consider all our dead as children departed from a family which loves them all, which appreciates them all, which honors them all, and hopes to meet them all.

Our earthly pilgrimage is so short, and there is so much for us to learn, that our education at best is but sadly incomplete. But the further we progress in the school of life, both as men and doctors, the more we are made to realize that life, like electricity, like gravity, like magnetism, like thought itself, lies beyond the pale of sense perception.

Our physical senses are able to discern nothing but the outward shapes of things, while things themselves, the essences, the realities of life, are not discernible by physical observation. Effects stare us in the face at every turn; but causes can only be apprehended. In pondering the problems of disease and death, which are our especial objects for study, we are too prone to become entangled with mere physical appearances, and to search for causation in our laboratories. It is quite true that the quality of a tree is known by its' fruits, but we must not forget at the same time that the reverse is true, and when we have once ascertained the quality of a tree its fruit can be predicted, and that the fruit can be changed not by attention to the fruit itself, but only by an appeal to its soil, to its atmosphere, to grafting, to inbreeding, or to some other of the conditions on which depend its quality, and our studies are never well rounded out until they comprehend not only the fruit of the tree, but the tree itself.

Induction and deduction are both essential to safe reasoning. Laboratory work in the study of medicine is indispensable, but it fails of its greatest usefulness if its results are not employed for the interpretation of the hidden nature of the things the outer forms of which alone have been under observation. The question of

changing effects by influencing their causes is not one for laboratory study, but lies in the realm of psychological medicine, and as our Institute work becomes more complete the psychological bureau which was dropped some years ago must of necessity be re-established.

The great progress which has been made of late years in the world's knowledge of the anatomy, physiology and pathology of the objective and subjective mind of man, in telepathy, in the laws of suggestion, and in the mutual interdependence of mind and body in all conditions of both health and disease, renders it absolutely imperative that a well-informed doctor of the twentieth century should supplement his knowledge of physics with an equally extensive knowledge of metaphysics. A better knowledge of unseen forces will not only prove of practical service in the sick-room, but serve to gladden our hearts with a better knowledge of that hidden realm into which our dead have disappeared.

There are two periods in every well rounded life when the mind of man is deeply interested in matters of eternity. These periods are the two childhoods: the one, when the young boy listens with rapt attention to what his mother tells him of God, of heaven, of angels, of right and wrong, and of the consequences of each; and the other, when the old boy reconsiders all these fascinating problems of childhood and reaches out with earnest wonderment into the obscure realm which is now so close at hand as to be forced upon his attention. Between these two periods, however, the bustle and business of life crowd out with their noise and confusion all consideration of interior things and secure complete engrossment in temporal matters.

It is still within the memory of the seniors of the Institute when a Dunham, a Couch, a Dowling, a Lilienthal, a Kinne, a Danforth, an Owen, a Mitchell, a Talbot, a Buck, a Helmuth, and other deep thinkers too numerous to mention, some of them gone and some of them still with us, could hold the Institute in rapt attention in the discussion of the dynamics of mind and of matter. It was in the early boyhood of our organization, and we had a psychological bureau; but with the ushering in of its manhood the Institute became too busy to say its prayers, too deeply engrossed in outside matters to give equally needed consideration to the interiors of things.

In our generation the waters of time have been wonderfully

troubled, and the progress of the world in outside scientific attainment has been marvelous. Condensed air, liquid air, the evolution of electricity, the wonderful X-ray, the germ theory of disease, bacteria and their toxines, the great progress in photography, chemistry and physiology, together with matters of legislation, advanced requirements for graduation and examining boards, have been clamorous for extended consideration, and all to such an extent that they have seemed to demand for the time being all the time at the disposal of the Institute in order that it might keep in proper adjustment to the new order of things. We are now passing through the manhood of our organization, and the psychological bureau has been abandoned; but in the natural order of events as the Institute ripens into its maturer life and reaction comes on, as surely it must, once more it will take up, not with the boyish wonderment of its earlier years, but with the dead earnestness of a well rounded maturity, these everlasting problems of whence, and where, and how, and why. Those who are attending the present session of the Institute may not live to see the re-establishment of the psychological bureau, but when the knowledge of the physical sciences shall have been well considered, classified and folded in history, the great mind of our national body, untrammelled by lesser considerations, will most certainly be brought to bear upon the all-absorbing, and at the present time more or less obscure, phases of our human existence.

Ladies and gentlemen, the continuance of life after death is still a question in the minds of many, and so, therefore, is that of the future recognition and possible companionship of those who entertain mutual love for each other; but there is one great, consoling fact which is already established beyond dispute, and which may be fittingly employed as a closing thought for your consideration. It is this: a man's life in this world is not confined to the few years of his bodily existence. The death of the body may be annihilation so far as the individual is concerned; his self-consciousness may be gone forever; his memory perpetually folded in oblivion; his faculties completely dissipated, and his absorption as an individual into the universal complete; but the vibrations of his words and of his acts, instead of ceasing with the laying aside of the body, invariably widen with the progress of time.

A single instance, the force of which will be more deeply im-

pressed upon you by succeeding speakers, is quite sufficient to illustrate the truth of this statement. There is perhaps not a member of this great Institute, nor of any of the other homeopathic societies in the United States, who has ever met or come in personal contact with the physical form of Samuel Hahnemann. His body was submitted to disintegration in 1843. Nevertheless the influence of his life, instead of dying with the crumbling of his mortal remains, has simply radiated into an ever-widening circle as the years have gone by.

It was through Samuel Hahnemann that the members of this great Institute secured their introduction to each other, and to him must be accredited whatever of pleasure and profit has accrued from such association. His individuality, which was limited in its influence while he was working out the toilsome days of his brief earthly sojourn, has gradually extended itself, until now in this, the capital of a great nation, far removed from his field of labor, his followers, admirers and beneficiaries are assembled to dedicate a beautiful monument to the memory of what he has accomplished for humanity.

As Hahnemann has thus lived on in this physical world of ours for more than a half century after his earthly activities had apparently ceased, and as he must continue to live on with widening influence until earthly centuries are done, so too will all our dead of the year from I. T. Talbot, of Boston, who tottered home from our meeting last year just in time to die at his own fireside, to S. B. Parsons, of St. Louis, who was the last to fall into the line of departing members, perpetually continue their existence in this world and project the accomplishment of their earth-lives into history. How they will severally rank when passing years shall magnify the things that they have said and done cannot at the present time be estimated. We only know that the echo of every footstep that ever trod the earth reverberates through all time, and that the evolution of the race out of ignorance into knowledge, out of failure into achievement, out of darkness into light, out of misery into happiness, out of chaos into order, is only accomplished by a steadily increasing flow of individual forces which started with the history of the race, which has been swelled by their multiplication, and which must continue to increase in a geometrical ratio until its power transcends the possibility of human computation.

The wonderful memory of Mother Earth will not permit even the least of her children to be forgotten, and our dead of the year will thus live on to the limit of time. It is your duty and mine in relation to our departed members to see to it that everything worthy in their lives be kept fresh and green in order that the benediction of what was best in them may be passed down to succeeding generations as their rightful heritage. This is the highest honor, the most grateful tribute, the most consecrated act, that man can pay to fellow-man.

E. H. PRATT.

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### ANNOUNCEMENT.

The next clinic in orificial surgery will be held on Muncie Island, in the amphitheater of the Seaside Sanatorium, during the week beginning July 9th.

Some new features have been added to the course this year, which make it even more desirable than heretofore. This is a rare opportunity for work and play, which all those who are interested in the progress of orificial work, and who at the same time would avail themselves of a delightful vacation without additional cost, should embrace.

This is the fourth annual orificial class held on Muncie Island, and those who have enjoyed the previous classes will need no further particulars to secure their attendance than a mere announcement of the date. Those who have missed these opportunities for improvement will wish further particulars, which they can obtain from Drs. Muncie, 119 Macon Street, Brooklyn, N. Y.

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The annual class for private instruction in orificial surgery will be held in Chicago in September. The announcements of this class will be mailed the latter part of July, but as seats in the amphitheater can be applied for at any time, applications had best be made early in order to secure a choice. For particulars address E. H. Pratt, M.D., 100 State St., Chicago.

# CLIPPINGS AND COMMENTS.

C. A. WEIRICK, M.D.

CHICAGO.

The following is from the American Medico-Surgical Bulletin, by Egbert H. Grandin, M.D.:

115. \* \* \* There is still scope, it appears to me, for a broader application of our specialties. It is my experience, as I presume it is also yours, that the tendency of many practitioners is to allow their minds to dwell too exclusively on the department of medicine in which they, by preference, labor; this is often done to the detriment of the system at large, with the result of their being led into ludicrous errors of diagnosis, which can but have the effect of convincing the laity that the subdivision of medicine into specialties has not resulted in the acquisition of knowledge of a broader character from a diagnostic standpoint. It is, unfortunately, far from recognized by the student that years of training and study and application are requisite toward the formation of the well-rounded specialist. The exit from the medical school means for far too many the entrance into a specialty. The buying of a speculum does not make a gynecologist, any more than the possession of a battery converts the medical student into a neurologist. It is a homely truth, slow to gain recognition, that the best specialist is he who has for years been actively engaged as a general practitioner.

The "notes" which I offer to you for discussion to-night present nothing novel, and likely enough the comments evoked will have an old-time ring; but there are certain topics at which we must needs hammer until, in the course of time, we reach a definite solution, and such a topic is the term *neurosis*. To-day, as it was yesterday, this term is only a cloak for our ignorance, unsatisfactory alike to the lay and the professional mind. Under various guises, however, it constitutes a real entity to our patients, and it may be a much more serious matter to the individual than many a grave disease not so prominent as a symptom-producer. The man who ever bears in mind the interdependence of all the organs in the body, through the medium of the nervous system, is the one who will practice his specialty with the greatest honesty and to the best advantage. He will interrogate each organ in turn; indeed, he will question last the organ which, from force of habit, appeals to him first.

A highly important, although small, sexual organ is the clitoris. Its effect in producing neuroses has not been fully appreciated, and I question if, to-day, the majority of practitioners realize the influence which it exerts in producing anomalous irritations in the female. My own attention was specifically directed to this organ by the paper which Dr. R. T. Morris read a number of years since, in which he dwelt on the effect of preputial adhesions in the production of symptoms. At first thought, I confess, I deemed Morris's picture a very highly colored one, but personal experience has taught me that while in certain respects he exaggerated the matter, in others he is right. His paper, indeed, has enabled me to relieve a number of chronic grumblers, in whose behalf I had expended much thought, time, and trouble.

One woman, in particular, I dreaded to find in my reception-room. Her complaint had been for years a burning sensation just within the vagina, at times becoming intensified to such a degree as to lead to an orgasm. This patient had been seen for me by the late Dr. Charles Carroll Lee, and on his advice the uterus had been curetted for a slight endometritis. The symp-



tom still persisting, I had referred her to a neurologist, thinking and hoping that she would form a strong enough attachment to him never to return to me. He had cauterized her spine repeatedly, and had rung the changes on the Pharmacopeia; but all to no purpose. She returned to me just after the appearance of Morris's paper. I found the hood of the clitoris firmly adherent. This was separated, and I have only seen her a few times since, when she called to report permanent result, and to thank me for the great cure effected through the intermediary of Morris, for to him I have given credit for the result. The reflex influence in this case seems to be established beyond question.

In the following instance the sequence is not so clear, although the cure was no less brilliant. A woman was referred to me for an opinion as to whether there existed genital trouble which would account for an aphonia of six months' duration. I found no abnormality, and the patient was sent to a laryngologist for an opinion. He found nothing the matter with the throat. I examined her again, and this time investigated the clitoris and found the prepuce adherent. I told the woman that if her voice did not return in twenty-four hours I would be obliged to perform a serious operation on her. The next day, as she still could not, or rather would not, speak, I had her anesthetized, and I stripped the clitoris. On emerging from the anesthetic, she began to speak, and has since had no trouble. Here I question if the moral effect of the operation did not produce the cure of the hysterical aphonia.

At the succeeding periods, the woman's sufferings were as great as before, and she was referred to me by her attendant for an opinion. I found that so far as the operation was concerned, success was perfect, and I was unable to detect anything out of the way with the uterine appendages. I next, as is my routine custom, examined by rectum, and found that great pain was caused when pressure was exerted on the coccyx. The organ was very movable, and yet never caused any pain when the woman assumed the sitting posture. The pain elicited on pressure, however, led me to the conclusion that there might be a causal connection between the dysmenorrhea and the coccyx, and further still, it was quite evident that if the woman could not be granted relief, she would soon of necessity degenerate into an opium habitue. I removed the bone, finding it carious, and the woman has been free from dysemnorrhea since the operation, although fully two years have elapsed.

Among my earliest abdominal sections was one where I removed the uterine appendages for the cure of menstrual hystero-epilepsy. The result was a complete failure, and I have never been tempted to experiment in the same direction since. Of late there have been suggestions—indeed, there have been experiments—in the direction of attempting to cure various types of insanity through resort to abdominal section and removal of the uterine appendages, even in cases where the most expert touch could determine no disease of these organs. I take it that the sense of the vast majority of gynecologists is opposed to empirical operating of this nature. My own views are certainly most decidedly against the procedure. I am not aware that of late this topic has received consideration at the hands of the neurologists in this section, and it is really with the end in view of securing an expression of opinion from you in reference to this matter that I have ventured to come here at all. While I am amply satisfied that many morbid states, characterized chiefly by symptoms belonging to the nerve centers, are dependent on lesions of the sexual system calling for surgical interference; and while it is undoubtedly true that disease of the spinal cord and of the brain is frequently intensified by the coexistence of disease in some portion of the sexual system, I am also satisfied that it is not only futile, but almost criminal, to experiment on dementia, for instance, by removing normal, or even slightly diseased, ovaries and tubes. Unquestionably at times slight disease of the uterine appendages causes grave symptoms referable to the nerve centers, but the difficulty now, as always, is to discriminate the cases where relief may be reasonably predicated through operative influence, and where the result is bound to be failure. Such boundary-line cases should rather be treated in every fashion which rests on a scientific basis before resort to the

tribunal of last appeal; for operation still carries a mortality rate, and, a point always to be remembered, insanity sometimes follows upon abdominal section. It is granting relief of a very questionable nature to operate for a functional derangement and to secure a permanent insanity. Experimentation of this nature on the inmates of insane asylums, it seems to me, should in particular be decried, for we are dealing with the wards of the commonwealth, the consent of which we can never secure for resort to operative measures which as yet do not rest on even a shadow of scientific basis. When we reach that stage when we can differentiate neurosis, strictly so called, from disease in every instance, then we may be in a position to advocate surgical operation of a major type on the female genital organs for the cure of the former. As yet, however, it seems to me unquestionable that we are too much in the dark as to exactly where neurosis ends and disease begins, to be able to indorse empirical operating. Further, I believe, and you can correct me if I am in error, that essential disease of the brain or spinal cord may simulate disease of the sexual system, even as the reverse may hold true. In certain instances, then, it would seem as rational to trephine the spine or to investigate the interior of the skull as a remedial measure as it would be to open the abdomen. In the face of neuroses, then, we should, for the present, limit our experimentation to minor operative measures, never overlooking the clitoris, and always bearing in mind that rectal fissure, vesical fissure, coccygeal disease, etc., may be at the bottom of uterine and ovarian symptoms, as also of spinal irritation, melancholia, sexual perversion, and the like.

In a previous number of this journal we published the report of a case who was advised by an oculist to have her eye removed. The patient returned to her family physician, who found the eye symptoms were due to trouble of another organ which he corrected and thereby relieved the eye affection, which was reflex. The removal of the eye would not have been a ludicrous error. If those errors were simply laughable it would only harm the doctor, but unfortunately it is the patient who suffers, and not temporarily but permanently. Not only are there specialists for different regions of the body, but specialists for using different kinds of therapeutic measures. There are those who give special attention to the use of electricity, of drugs, and of mechanical measures. They should be familiar with the possibilities and limitations of all the means of cure, otherwise electricity may be used when medicine or surgery would be more effective. We saw a case that had dropsy to an extreme degree who had suffered intensely for several weeks with intense itching, especially of the lower extremities. A dermatologist had been in attendance with the patient's regular physician. In spite of the treatment of the skin the very distressing itching continued. Paracentesis abdominalis was performed and diuretics given, with the result of entirely relieving the patient of the itching during the remaining weeks of his life. The specialist who does not determine the condition of all the organs of the body and recognize their influence in impairing the organs coming under his specialty is like the layman who had been given a wash to be used in swabbing out the throat of a child having diphtheria. The man concluded the wash would be more thoroughly brought in contact with the throat if the child were to drink it. His conclusion was correct, but the

child was killed by taking so much of the wash into the system. There are other terms besides neuroses that are only cloaks for professional ignorance. General debility, nervous prostration, heart failure and biliousness are some of them. The general practitioner is not the only kind of doctor who hides behind such generalization. They are about as unsatisfying as the "etc." that some medical students scatter quite liberally through their examination papers, and when asked what the "etc." stands for they don't know. The cases reported in the clipping and cured by liberating the clitoris from its hood simply confirm the claims that have so often been made by those who believe that orificial methods are entitled to a place in medicine.

116. Dr. Waugh, in the Medical World, gives a method for treating hemorrhoids with electricity he uses on those who are willing to be patient and are afraid of the ligature, knife, cautery or syringe. The current is applied through an electric needle used in removing hair. The pile is cured without leaving an ulcer, scar or induration. The following comments on two of his cases are of interest, but not surprising to those who have observed orificial treatment:

"In both these cases the cure was followed by improvement in the general health that seemed surprising. The harm done by a slight but constant irritation is often very great. It seems as if we had here to do with a leakage of nerve force, by which the entire organism is drained of vitality. If, then, there is some distant organ whose nerve supply is defective even in health, this leakage at the point of irritation may occasion symptoms of disease in the other organ, just as a break in a dam may uncover the surface of a swamp and cause malaria miles away. This seems to me a more rational explanation than any previously advanced for the phenomena known as reflex. If the cure of piles which causes irritation to the periphery of nerves will make, to some, surprising cures, why will not the cure of any other pathological condition that affects the distal ends of nerves? It is a physiological fact that an irritation of that end of a nerve has a very different effect upon the transforming center than an irritation of the trunk of the same nerve, and hence may produce different effects. In fact, the irritation of the trunk causes marked evidence of local trouble, while that at the periphery produces diseases of remote organs. It is easy when the above fact is remembered to understand why the removal of hemorrhoids should bring about cures that must otherwise seem surprising."

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CLIPPINGS AND COMMENTS.

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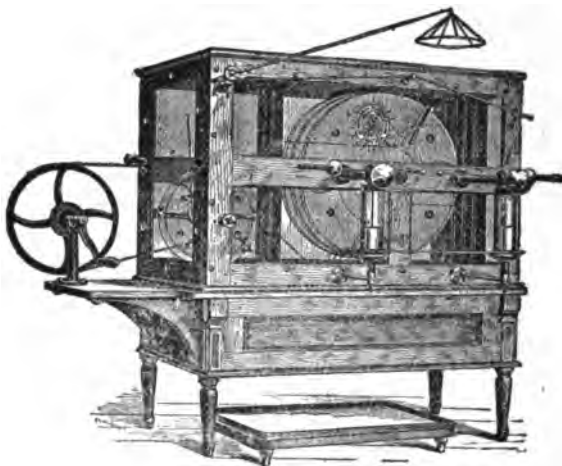
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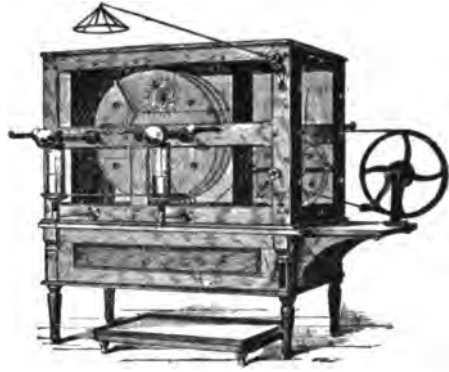
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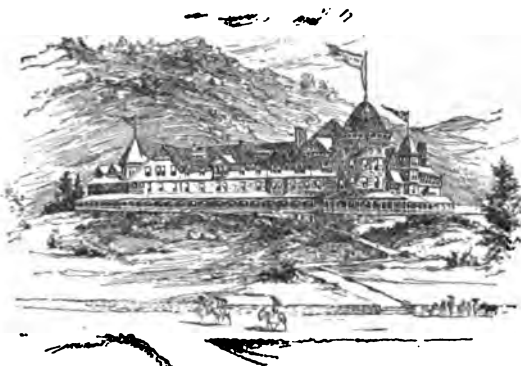
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